Local Anaesthesia

By W. EASSON BROWN, M.B., M.A., Toronto

The subject of Local Anaesthesia is often somewhat of a mystery to the nurse who has had no special training in that subject. She is apt to become more or less hopelessly confused with the terms block anaesthesia, para-vertebral anaesthesia, conductive anaesthesia, regional anaesthesia and other terms, which, in many cases, are merely synonyms used by different anaesthetists. The purpose of this article is to explain as simply and as briefly as possible local anaesthesia as it is practised today, with, possibly, special reference to the terminology and its meaning.

Local anaesthesia is divided into two great divisions: Infiltration anaesthesia and Regional or Block anaesthesia. It is my intention to say very little regarding local infiltration, but to confine myself chiefly to the division of regional anaesthesia as it is with this type of anaesthesia that the greatest confusion arises.

I am sure that every nurse who has had operating-room training has seen some operation done with local infiltration anaesthesia. The term local infiltration merely means that the person doing the anaesthetization, and in these cases it is usually the surgeon, injects a certain amount of local anaesthetic, usually ½ to ¼ % novocaine, into the superficial layers of the operative site. He then proceeds with the operation until he reaches the depth to which the anaesthetic has been injected, when he again injects deeper, following this by deeper operative procedures and so on until the operation is completed. This method of local anaesthesia is usually used for minor operations, and has been in extensive use for many years.

Regional or block anaesthesia is, however, a considerably different problem from that of local infiltration, and I will deal with that subject at some length. By regional anaesthesia is meant the blocking off of more or less large nerves. This blocking usually takes place at a considerable distance from the site of operation and by this blocking renders the nerves supplying that area unable to conduct pain impulses with a consequent loss of pain. In this method of anaesthesia the endeavour is to place a considerable quantity of the anaesthetic agent in the near vicinity of the nerve trunk one desires to block and this fluid will gradually diffuse through the nerve and cause a loss of pain sensation in all areas supplied by that nerve. It is quite unnecessary for the nerve to be injected, as it has been shown that if a fair time (15 to 20 minutes) is allowed to pass before the operation is commenced there will be as complete anaesthesia as if the anaesthetic had been injected into the nerve itself. By taking advantage of this fact, which, of course, makes the technique of injection much easier than if it was necessary to inject the nerve itself, it has been possible to extend the field of regional anaesthesia to practically all parts of the body. According to the particular region of the body in which the anaesthetic is used special names have been given, such as para-vertebral, para-sacral, caudal, etc. However, one must remember that all these processes are essentially the same, the name merely signifying in what particular part of the body the regional anaesthesia is being done.

In order to understand the action of para-vertebral anaesthesia, it will be necessary to briefly recall to mind the anatomy of the thoracic nerves. The thoracic nerves, after leaving the intervertebral foramina, immediately

give off a branch to the sympathetic and then divide into an anterior and a posterior branch. The posterior branches supply the muscles and skin of the back. The anterior branches are the intercostal nerves. These, with the lumbar nerves, supply the whole of the chest wall and the abdominal wall, the parietal pleura and the parietal peritoneum with sensation. By means of the branches to the sympathetic, they also enervate the organs within the chest and abdomen. Therefore if these nerves can be surrounded by an anaesthetic solution before the branches to the sympathetic are given off we will obtain complete anaesthesia of the chest and abdomen. This method, known as para-vertebral anaesthesia, was first suggested about 1905 and came into fairly general use about 1911.

It is impossible in an article such as this to go into the detail of the injection of these nerves. It is the usual practice to inject into the vicinity of each nerve about 5 c.c. of a 1% solution of novocaine containing about 8 to 10 drops of adrenalin per 100 c.c. It must be remembered that only certain of the nerves need be injected for a particular operation, and for operations requiring no operative procedures beyond the mid-line, such as kidney operations, only the necessary nerves on the side of the operation. The anaesthetist must be sufficiently familiar with anatomy to know what nerves it will be necessary to inject for any particular operation.

About 1913 a method of anaesthesia known as trans-sacral anaesthesia was introduced, and whereas it is somewhat different from para-vertebral and para-lumbar anaesthesia, it fulfils the same duty in the region of the sacrum. It consists, in short, of blocking the sacral nerves through the posterior sacral foramina. This method of anaesthesia is somewhat more difficult to do than para-vertebral anaesthesia, as it is necessary to have the needle enter each posterior sacral foramina, a process which requires a quite accurate knowledge of the anatomy of the part. The anaesthetic agent used (1% novocaine with adrenalin) and the amount injected into each foramina (5 c.c.) is the same as in para-vertebral anaesthesia. By this method excellent anaesthesia is obtained for pelvic, vaginal, genital and rectal anaesthesia.

Probably the most dependable regional anaesthetic we have at present and one used very frequently is known as caudal anaesthesia, or is frequently called caudal block. This method has been found to have uniformly successful results, and, providing the anaesthetic is injected into the proper place, one can be almost certain of perfect anaesthesia. This method of anaesthesia was introduced about 1903 and has been used quite extensively the last few years. Again referring to the anatomy, it will be recalled that the dural sac containing the spinal fluid extends down to about the second sacral segment only, and from there down there is what is known as the filum terminale, which is not surrounded by spinal fluid and is entirely closed off from the dural sac. The space around the filum terminale, called the epidural space, is merely filled with some rather fatty material. It will also be recalled that the lower end of the epidural space is closed by a membrane known as the sacro-coccygeal ligament. The technique of injection consists in passing a needle through the sacro-coccygeal ligament into the epidural space for three or four centimeters and injecting into that space about 30 c.c. of 2% novocaine containing from 6 to 8 drops of adrenalin. Anaesthesia is usually complete in 15 to 20 minutes and lasts about two hours. It involves the area of distribution of the sacral and coccygeal nerves and is most satisfactory for operations about the perineum, anus and rectum.

Regarding the other two methods of local anaesthesia which are occasionally used I will say very little.

Spinal anaesthesia, which consists in injecting a small quantity of some anaesthetic agent directly into the spinal canal has been in use for many years. It is not an anaesthetic of choice. Its effect on the blood pressure is sometimes severe and its death-rate is quite high. In my opinion there are very few cases which cannot be managed by some safer method. It seems particularly applicable to old people with high blood pressure, and is chiefly used with such subjects. Splanchnic anaesthesia consists in injecting a considerable quantity (50 to 70 c.c.) of ½% novocaine with adrenalin into the vicinity of the splanchnic nerves as they pass along the anterior borders of the bodies of the vertebrae about the level of the twelfth dorsal. The technique of injection is very exact, as this large amount of local anaesthetic is injected in very close proximity to some very large vessels, and injection into them of such large quantities of the local anaesthetic would be fatal. The injection is made either from the back or from the front through the opened abdomen. I have seen it used a few times with very fair results, but at this time it is impossible to forecast its future.

I have tried in this short article to present this very large subject as simply as possible, and, whereas I have merely outlined some of its chief features, I trust that the subject will be a little more clear and that the reader will realize that, after all, local anaesthesia when it is relieved of its superabundance of terminology is a comparatively easy subject to understand.

We would like each one of our readers to realize that an etching of the Memorial Panel may now be secured (see page 203). There are many reasons why there should be a ready sale for this picture, some too sacred and intensely personal to be enlarged upon here. From a strictly material point of view alone, however, each purchaser of a copy of the etching is securing that rara avis—a bargain! For a sum that can justly be termed very moderate is offered a splendid piece of artistic work, executed by one of Canada's leading etchers, representing the first memorial to be erected in the Hall of Fame, Ottawa: a picture which will appreciate in value as the years go by and which will always be more or less unique as only a limited number of copies can be made from the plates, which are then destroyed. The financial responsibility undertaken in having this etching made was yet another "labour of love" on the part of the National Memorial Committee, who were not satisfied to rest from their labours until they had given their fellow nurses an opportunity to become possessors of a picture of the Memorial Panel of lasting beauty and dignity. We certainly hope there will be no lack of purchasers: there should not be. "It blesseth him that gives and him that takes," even though the only blessings possible for the givers in this case are compounded of such intangible things as appreciation and regard.

Editorial

Graduation and Then—What?

It is just as difficult to believe now, as it was for us to make comparisons in those days, that twenty years ago nurses experienced similar emotions and reacted to them in much the same way as do their younger sisters today. Obstacles there are still to be met and overcome and problems to be faced courageously, just as there were then.

So now as graduation day approaches a nurse realizes that she will shortly emerge from the protection of her training school, and that she must make her way and learn to stand on her own feet. It used to be quite frequently affirmed that the nursing life of the average graduate extended over a very limited time, and in that day to look ahead fifteen or twenty years suggested a gloomy prospect as from all accounts at forty, or thereabouts, unless matrimony or death intervened, the probable outlook was chronic invalidism or physical incapacity of some sort. Consequently, a nurse felt it behooved her to enter on her adventurous career at once on the principle if a short life, an interesting and useful one while it lasted. Times have changed. No longer do we hear such doleful tales. Many of those in authority, with whom we worked as probationers and juniors, are still leading very busy lives, holding important positions, and, because of their unceasing devotion to the profession of nursing and their maintenance of high ideals, are still doing much to make it possible for those following in their footsteps to lead more normal, happy and interesting lives. Hours on duty are more generally regulated. A nurse has greater professional protection (as has the public), and on the whole better standing in the community; and through registration, better organization and improved methods of transportation, she is enabled to have more frequent contact with other members of her profession and to give and receive inspiration through conference with them.

Today, too, on graduation there are innumerable opportunities of service awaiting in as many fields, just as there are more vocations open to a woman previous to entering a training school, which would lead one to infer some thought must have been devoted to her future plans. Nevertheless, the following quotation of Dr. Haven Emerson's, from a recent magazine article, furnishes food for thought and is worth while considering in view of the problem presented, and of the indifference with which personal and professional responsibility is faced on graduation.

"In most of the professions earnings increase with years, giving to those who keep on working an increased return for their labour to lay by for the inevitable day when work must decline or stop. For the nine-tenths of the nursing profession who are working on their own, the exact reverse is the case. The day the nurse leaves training school, as young, as pretty, as vigorous as she is likely ever to seem, she has a higher market value than ever again."*

Having reached her goal—graduation—too often a nurse with the best intentions in the world as to registering, joining her alumnae, and beginning to save, postpones all three, and drifts along until some day the realization of her sins of

(*"Pensions for Nurses," The Survey, November 15, 1926.)

omission comes to her with a shock involving frequently considerable mental labour, and very often financial complications. It seems prosaic to urge a nurse to attend to these matters at once but it is so easy to put things off from day to day. Possibly she may be required at home, or marry, and then later on, being obliged through circumstances to return to duty, recognizes her mistake with no one else to blame: which is always an uncomfortable situation. Again, possibly she has done all these, her duty as she sees it, and has accepted an institutional position in her hospital, or taken up private nursing locally. The average nurse makes up her mind to which type of work she is best fitted and in which she would be most happy. No person is more desirous than the writer of retaining in the Dominion the services of our Canadian nurses, or of being able to offer sufficient inducement to attract those who have left the country, to return, because we n e e d them. Neither does one wish to encourage a spirit of unrest or of desire to be constantly on the move; but how good it is for nurses, as for others, to broaden their experience? One well-known hospital superintendent, a wise woman too, is not willing to have her nurses complacently settle down to go on year in and year out carrying on in the same old way; she therefore advises them to journey abroad for a little and to learn other routines and procedures. Even if post-graduate training is an impossibility there are opportunities of interchange with other hospitals, summer relief and that kind of thing. How many of those who had the privilege of serving as nurses in the Great War, and of working with various units and groups learned, among many other things, that nurses from this institution or that institution invariably taught them something valuable and new. A nurse learned for herself in contact with others, f r o m innumerable British, Canadian and American hospitals, that all the wisdom of the ages was not confined within the four walls of her own institution, and that the most efficient nurse was not necessarily the one from the well-known, largest or best-equipped hospital on the continent. It depended to a great extent on the superintendent of her training school, on the capability of the nurse herself and her attitude toward her instructors. To a certain degree this same idea applies to post-graduate training. Rather than have all practical and theoretical experience, educational, professional and occupational background in one centre, why not a little variety? Family responsibilities and financial considerations naturally enter in here. Exclusive of these, however, one can not help but wish occasionally there could be more interchange of nurses, East and West, Ontario and Quebec, Nova Scotia and Alberta, so that more generally there would be diffused a national spirit, and from each school or organization, the person returning would bring the best of what she had observed. The local product is undoubtedly good. We are constantly assured of this fact and know it is true from experience. Sometimes, however, the representative might do better work elsewhere for various reasons. One may feel fairly sure, too, that even though organizations or institutions in other centres may not compare favourably in every way with the home institution, there are always compensations; and in observing even an incomplete type of work, provided she is well-grounded, the intelligent person can build on even this.

Apart from other fields in which a nurse's training is a valuable asset, in her profession alone she has now more choice — administration or teaching work, staff work in institutions, private nursing or public health work. Each of these has its

devotees, and rightly so. All are interrelated and as greater opportunity is eventually given in training schools to teach nurses the preventive and community aspect of their work as well as the curative, each of the former groups will in their different capacities share the responsibility of the public health nurse, just as she in turn must recognize hers with regard to the educational and professional preparation of the nurse in training.

Throughout Canada it is plainly evident that at the present time, and even in the larger centres, too little information is available in the average training school as to the scarcity of well-qualified nurses in the public health nursing field, and as to the fact that steady employment is available for the right type of woman with the necessary preparation; and that provincial departments, municipal departments, school boards and voluntary organizations are all clamoring for and in a quandary to know just where to secure suitable recruits; with the result that there is a waiting list of situations vacant which it is impossible to fill, at the various universities giving public health training. There are a number of nurses well adapted to public health work who have not sufficient education, nor are they financially able to undertake public health training. To this group special attention ought to be directed because many of them are valuable women.

In no type of work is it more essential that nurses be capable, enthusiastic, adaptable and sane than in public health work. It would not do to deplete the ranks of the other groups. Possibly we need to go further back than the training school, to the high schools and universities, in order to increase the number of nurses available.

Lest someone feel that undue emphasis is placed on the personal characteristics of nurses, extracts from Dr. Cushing's "Life of Sir William Osler"† will help to demonstrate the importance of such emphasis. A member of a graduating class of a western hospital had written Dr. Osler, "We have had a discussion whether special virtues other than those of an ordinary woman are needed for a nurse. What is your opinion? Please send a list of those you think to be the most important." He replied: "No special virtues are needed, but the circumstances demand the exercise of them in a special way. There are seven, the mystic seven, your lamps to lighten at . . . tact, tidiness, taciturnity, sympathy, gentleness, cheerfulness, all linked together by charity." He then goes on to give "a brief resumé of these seven virtues and their exercise." Many of you will have read this letter yourself. Of the seven, tact is the one to which Dr. Osler refers first. "Tact is the saving virtue without which no woman can be a success in any way, as a nurse or not. She may have all the others, but without tact she is a failure. With most women it is an instinct, her protective mechanism in life. It is one of the greatest of human blessings that so many women are so full of tact. The calamity happens when a woman who has all the other riches of life just lacks that one thing." . . .

And of charity, he says, "Gently to scan your brother man, still more gently your sister woman; to judge no man harshly, to live as closely as possible to the counsels of the Sermon on the Mount, may enable you to live in the true spirit of nursing. These riches shall not fade away in life nor in death decrease."

(†Dr. Harvey Cushing's "Life of Sir William Osler," Vol. 2, p. 361.)

The New Home and Teaching Unit, The Montreal General Hospital School for Nurses

By FRANCES REED, Montreal

The new Nurses' Home, which was officially opened on the nineteenth of December, 1926, is situated on the north side of Dorchester Street, facing the front of the hospital building, and is connected with it by an underground tunnel. The building is a very modern, fire-proof, substantial looking structure of red brick with stone trimmings. It is nine storeys high, and has been planned with a view of two more storeys and other sections being added as the needs of the institution may demand. Elevators are situated in the centre of the building and built-in fire escapes at each end of the corridors. The present building accommodates two hundred and eight nurses, covering the needs of the central division only, and will form the main unit of a home which eventually, it is expected, will furnish room for four hundred and fifty nurses.

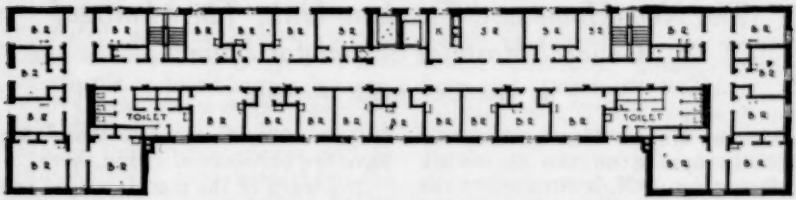
Many of the basement rooms are used as trunk rooms, linen rooms, and other store room space, but there is one equipped with stationary laundry tubs, electric irons, etc., and also one furnished as a sewing room, both of these for the convenience of the student nurses.

On passing through the main entrance to the ground floor one is impressed by the brightness and spaciousness of the corridors, and senses at once an atmosphere which is at first something in the nature of a high class hotel, but which, as the journey continues and one sees everywhere little personal touches and evidences of how much thought has been given to the details of the furnishings, changes to that of a comfortably almost luxuriously furnished home, and one feels that it cannot fail to be a "Home" in the true sense of the word to those who have the privilege of living there.

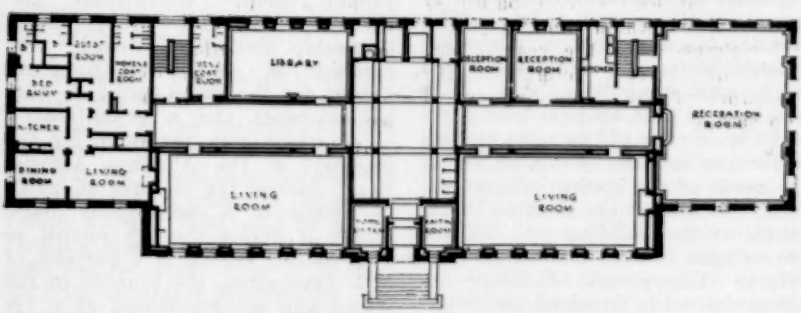
The walls of the main corridor are of French travatine marble. The floor is covered in black and grey rubber tiling. Everywhere else throughout this and the upper floors battleship linoleum is used. The corridor is devoid of furniture except for the office furniture near the entrance and a grandfather's clock which was presented by the members of the Alumnae Association. Among the pictures adorning the walls in a conspicuous place, where it greets the eye almost as soon as one enters, is a portrait of Miss Livingston, the founder of the school and superintendent of it for over thirty years; and on a corresponding space on the opposite walls hangs the Roll of Honour, with the names of the nurses who served in the Great War.

The ground floor provides, as well as the lady superintendent's suite and the home sisters' office, two large drawing rooms for the graduate staff and student nurses, respectively, each containing the luxury of a fire-place; two small reception rooms where the nurses may have the privilege of receiving their friends; a library; cloak rooms and a large recreation room, associated with which is a kitchenette. There is also on this floor a guest room suite which may be used to accommodate a relative in the event of the illness of any nurse.

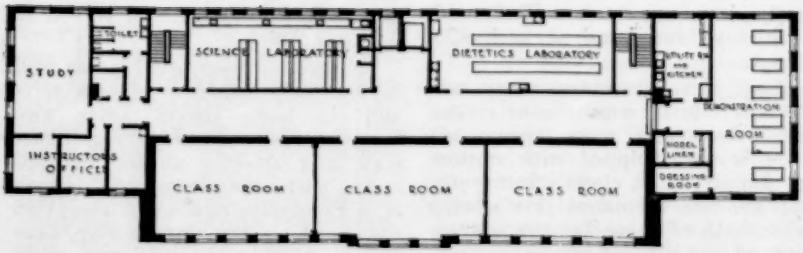
The drawing rooms are furnished in excellent taste and create a desire in one to be able to tarry long and enjoy the restfulness of the atmosphere and beauty of the surroundings. The predominating colour in the students' room which has buff stippled walls, is blue; in the grad-



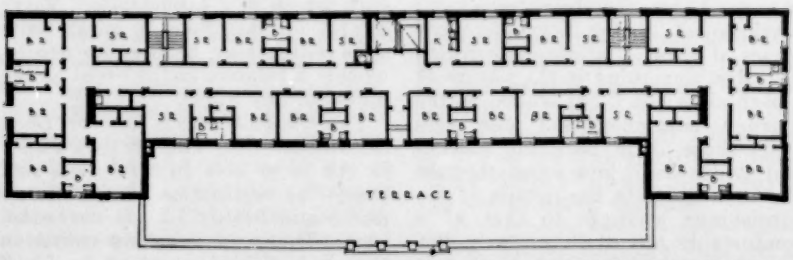
TYPICAL FLOOR—STUDENTS' BEDROOMS



MAIN FLOOR



SECOND FLOOR—TEACHING UNIT



Plans by courtesy of Fetherstonhaugh & McDougall, Montreal

THIRD FLOOR—GRADUATE NURSES ROOMS

uates' room green, more sombre, but relieved of such effect by the warm rich touches of colour in exactly the right amount and places in the way of cushions, lamp shades, ornaments, etc.; and in each room the numerous chesterfields, many deep upholstered arm chairs, high back stately Jacobeans, scattered among which are slender Windsor chairs; the gate legged and antique refectory tables; the few but well chosen paintings and the rugs which tone in colour and richness with the rest of the furnishings, are a delight to the occupants of the home and to all who have seen them.

The members of the school are indebted to many friends among the committee of management for extra gifts of a more personal nature, apart from sums of money given towards the building fund, among which are the beautiful rugs and paintings in these drawing rooms.

The smaller reception rooms are less formal and luxurious in furnishings, but are very attractive and homey corners where the nurses may enjoy entertaining one or two friends.

The library, with its blue rug, soft neutral hangings, mahogany tables and desks, comfortable arm chairs covered in brightly coloured chintz, and many shaded reading lamps, is a corner where a nurse is easily enticed to spend some of her leisure hours. Current magazines are supplied by some of the governors of the hospital, also many kind friends have contributed towards the collection of books of fiction which are at the nurses' disposal.

It is recognized that the social life of the nurses must be thought of in planning a real "Home" and provision is made as outlined above for the comfort and convenience of the nurses, and for social events to take place, which should occupy a certain amount of their time off duty.

The finest teaching unit in Canada in connection with a school of nursing occupies the entire second floor. The art of nursing has developed to such a degree that the education of the nurse of today is not of the haphazard type which existed in many schools even a few years ago. It must, in the schools where the highest standards are to be maintained, be carefully arranged to give to the student a well balanced training, one which will be practical and teach most efficient bed-side nursing (the importance of which we hope never to minimize in the slightest degree), which will provide sufficient theory to give an intelligent basis for the practical work, and which will also give her a broader outlook upon life in general and an insight into, within a reasonable degree, the various branches of the work which may increase her service to the public in future years.

With this in mind the teaching unit has been given most careful thought, and in arrangement, equipment and space furnishes facilities for the education of the nurse along modern lines.

There are three class or lecture rooms, accommodating each from fifty to seventy students, two of which can be thrown into one by the opening of folding doors; two laboratories for the teaching of dietetics and other sciences, each providing individual equipment for twenty-four students; a demonstration room with six beds, and other necessary equipment for teaching, through demonstration and practice, all nursing procedure used in the wards, and providing seating capacity for the entire class. Adjoining this room and separated from it only by an arch is a utility room, equipped with ample cupboard space, demonstrator's table, also gas-plates, sinks, utensil and instrument sterilizers similar to those provided in the hospital utility rooms. A technical

library and study room combined, and offices for the instructresses complete the unit, the details and furnishings of which show the importance placed upon this department to be the greatest.

The third floor and half of the fourth are occupied by the graduate nurses on the staff, and without being luxurious, furnish quarters which are consistent with what is considered at the present time to meet the minimum requirements along this line. The heads of the departments are each provided with separate bedroom, bathroom and small sitting room, which can later be used as a bedroom if necessary. In the other suites one bath is situated between two bedrooms. There is one general kitchenette and sitting room adjoining, on each floor.

The fourth floor is shared by the more junior members of the graduate staff and some of the senior pupils. It provides a separate sitting room for each group, a combined kitchenette, bathroom between each two bedrooms for the graduates, running water in each student nurse's room and bathroom at the end of the corridor.

The remaining floors, five in number, are for the accommodation of student nurses. There are on each floor six double and seventeen single rooms. Each room has a built-in cupboard, as is the case in all bedrooms throughout the building, running water, medicine cabinet, and in the double rooms there is a complete duplicate set of furniture, including library desk, reading lamp, bedside table and bed lamp, two chairs, dresser and bed. All the furniture is attractive in style, and in walnut finish. Bathrooms are situated at each end of the corridors, and are each equipped as on the floor below, with two tubs, one shower and a special apparatus and sink for washing the hair. There is sitting room, kitchenette, laundry chute, telephone booth, and ample cupboard space for linen, brooms, etc., on every floor, also a call buzzer is installed in each bedroom.

Every thought was directed when planning and equipping the "Home" towards providing living quarters which would continue to attract the most desirable type of applicant, the type who will help to maintain the high standards which have been built up by the school in previous years, and it is believed that as a home the desired result has been attained.

Enemas

By M. LOUISA PARKER, Montreal

In view of what the fluorscope shows of the Barium enema, given with the patient on his back, one realizes that all properly given enemas are "high enemas" and that the tube need never be inserted more than from three to six inches. The importance of enemas being given **on the back** and **very slowly**, seems to have escaped the notice of many in the medical and nursing professions.

Water does not run up hill and if forced upwards in the intestinal tract causes pressure and, consequently, pain. Enemas or colon irrigations given on the side cannot, therefore, be as satisfactory: the idea being that if an enema is given quickly nature rebels and pain is caused; peristaltic action is started near the rectum instead of from above; the fluid dashes against the curves of the colon, causing bubbles

to form—creating pain and a desire to expel contents immediately, before the solution has had time to work any medicinal changes or to have a full effect. Whereas, if given slowly with the patient on his back, the fluid trickles in, causing very little discomfort and, as the Barium enema has proved, flows right up to the caecum, and in this position is not made to flow up the transverse and descending colon. Further, in cases of severe constipation or obstruction, when an enema such as the following: castor oil, 3 ozs.; olive oil, 3 ozs.; mag. sulph., 4 ozs.; quinine sulphate, 30 grs.; ss, 1 qt.; is given the patient is able to retain an enema for perhaps an hour with an entirely satisfactory result: the obstruction being completely cleared away. This result has been obtained by the writer in more than one case; once where a patient on the operating table was found to have a collapse of the small intestine and an obstruction. Enemas had been given in the ordinary way, both before and after the operation, with no effect. Then an enema was given, **taking twenty minutes, with the patient on his back.** This enema was retained for one hour and then expelled with most satisfactory results. Another case was one of obstruction where the ordinary enemas had been tried for forty-eight hours. An enema from the above prescription, taking twenty minutes to give, with the patient on his back, was retained one-and-a-half hours, with the result that the obstruction was entirely removed. This patient also recovered and later, when threatened with another attack, was operated on and was found to be a case of chronic appendicitis of fifteen years' standing, with the intestines bound and knotted together.

Every nurse who has been properly taught knows that all air must be removed from the tube before an enema is given, but there has never been any way of showing how bubbles collect, and how the enema contents look and act inside. This seemed to the writer to be a very great drawback in giving intelligent demonstrations, so "necessity being the mother of invention," she took first a large, clear bottle, put a rubber cap on with a hole in it instead of a cork and used this to practise the giving of enemas. This bottle has a long, tapering neck, such as a lime juice bottle, and an exact demonstration of an irrigation can be given with it, showing how to siphon the fluid off if required. This led to a glass model of the large intestine being made, which quickly demonstrates a large part of what has been explained in this article. This model shows how soap suds, if allowed to flow quickly, cause bubbles; the effect of air in the tube; the way the colon rises from the rectum and turns down and then up, and its position in the abdomen.

It has been noticed that many nurses, especially pupils and beginners, do not visualize this kind of treatment sufficiently to make for the greatest efficiency. The writer would like to hear what others have to say on this matter as when showing the model to doctors she has been amazed to hear remarks such as the following: "I don't know why you nurses make so much fuss over enemas." "The fluid does not go beyond the ascending colon." One woman was brave enough to say: "Doctors don't know anything about enemas. Ask other nurses."

This is often true, but the writer feels that such a position is entirely wrong and that doctors and nurses should work together on these matters, and that had they done so there would have been some change in certain methods long ago.

The Nurses Association of China

By HOPE BELL

In 1909 a group of seven or eight missionary nurses met together at a mountain resort in Central China to discuss what could be done to prepare Chinese nurses to cope with the appalling amount of sickness in the land. At every turn the desperate need for health and hygiene teaching met the eye, and there was no one in all that vast country who knew anything about it, except a handful of missionary doctors and nurses. Medical science and nursing as it is known in the West being quite unknown in China, the missionary doctors and nurses were very handicapped by lack of nurses to staff the wards of their hospitals and nurse the patients, so these few nurses determined to try and do something to start a Chinese nursing profession.

China's social customs did not permit of women attending to sick men, and these pioneer nurses realized that any scheme for a nursing profession must include both men and women. As education was not very advanced at that date it was likely that more educated boys would be available for training than girls with the requisite qualifications. This proved to be the case, with the result that men's hospitals with male nurses were more numerous than women's hospitals with female nurses in the beginning.

Chinese young men are very good material for training. They are much more domesticated than boys of many other nations of the same age, are extremely keen on surgical work, and very interested in their profession. In the main they are stronger physically than the girls, unhampered by artificially-produced small feet, and are not difficult to teach. Another great advantage is that marriage does not necessitate the giving-up of their profession, as is the case with the girls. Of course, as the years pass, foot-binding is becoming less general and the education of girls is spreading, so that in future the male nurses will probably give place to female nurses for general ward nursing. The men nurses will find more than enough scope for their services in such posts as anaesthetists, pharmacists, public health nurses, and nurses in the Army and Navy.

By 1912 a few more had joined the ranks of the missionary nurses in China, and again they met on the mountain to discuss how best to forward their plans. That summer this little group formed the Nurses Association of China, mapped out plans for the registration of nursing schools, drew up a curriculum and rules for an examination which would lead to a diploma.

Three years later the first national conference was held in Shanghai. The next year the first examination for registration was held and the diploma given to three successful candidates: two men and one woman nurse.

After that the Association grew by leaps and bounds, and every year an increasing number of candidates prepared for the examination. This examination is based on the State Board examinations of America. First a practical examination has to be passed, which includes a knowledge of instruments used in surgical operations. This is followed by a theoretical examination comprised of six papers of ten questions each, including such subjects as Materia Medica, Administration of Anaesthetics, Dietetics, Bacteriology, as well as Medical and Surgical Nursing, Children's Nursing, Anatomy and Physiology; Urology for men nurses and Obstetrics for women. Chemistry, Psychology, and the History of Nursing are likely to be included before long.

In 1920 the Quarterly Journal for Chinese Nurses was first published.

In 1922 a national conference was held at Hankow, and for the first time

Chinese trained nurses were present taking part. At one of the meetings the chair was taken by a Chinese nurse. At this time the members faced the fact that it was impossible to carry on and extend the work of the Association with busy missionary nurses responsible for all the secretarial, examination and other organization work, and the present indefatigable secretary, Miss Cora Simpson, was appointed. Miss Simpson had done sixteen years' work in the Foochow Hospital for Women, and her Nightingale School of Nursing had been the first one to register under the Nurses Association of China, and she herself was one of the little group of founders. The Methodist Episcopal Church of America kindly allowed Miss Simpson to come to the Association as a full-time worker. At that time the membership of the Association was 132.

During the next two years the Secretary travelled over the whole of China, enduring many hardships, escaping many perils, to visit all the lonely missionary nurses and help them with advice as to the training of their nurses. A record of this journey has been published under the title "A Joy-Ride Through China".

In that year, also, the Nurses Association of China was admitted to the International Council of Nurses, which gave the members of the N.A.C. an equal standing with the nurses of the world.

When the next biennial Conference was held in Canton in 1924 half the members of the Association were Chinese qualified nurses, the business of the Conference was conducted in Chinese as well as in English, and half the papers were given by Chinese nurses. Three Chinese nurses were in charge of training schools for nurses.

That year it was realized that the work of the Association had again grown far beyond the dreams of the founders, and could no longer be carried on by one secretary, and Miss Hope Bell was appointed as second secretary. Miss Bell had been matron of the London Mission Hospital in Hankow for sixteen years, and was a charter member of the Nurses Association of China.

In order that the work of the Association might be efficiently carried on it was decided that a headquarters office or building was necessary. The forthcoming Conference will have met before this article is published. At that Conference it will be reported that the deeds for a site for the headquarters are in the possession of the Association. The greater part of the money required has been raised by Chinese nurses, who are keenly interested in the headquarters project.

Over one thousand nurses now hold the diploma of the Association: five hundred men and five hundred women. Several of the women nurses also hold the midwifery diploma, which is similar in status to that of the Central Midwives Board (England).

In July, 1925, the Association was asked to send delegates to the International Council of Nurses Congress at Finland. The Chinese nurses raised the money to pay the expenses of one of their number to go as their delegate. Miss Lillian Wu, Matron of the Chinese Red Cross Hospital, was the one chosen to go. Her splendid Christian character and eager interest in the evangelistic side of her work deeply impressed the members of the Conference, which numbered over one thousand of the world's nursing leaders. Baroness Mannerheim, a Finnish lady who trained at St. Thomas', London, Eng., President of the International Council of Nurses, told the secretary of the Nurses Association of China that she was deeply touched when she listened to Miss Wu telling the Congress that the aim and object of her fellow nurses in China was to nurse their patients so as to show them the love of God.

Year by year the Medical Schools of China are graduating a number of Chinese doctors, and the missionary

nurses feel they can best assist the work of progress by training thoroughly Christian, efficient nurses to work side by side with the doctors; ready for the day when China shall tackle the tremendous problem of her sick and suffering people and call for their services.

In the meantime there is an ever-increasing demand for these trained nurses. They are working in Mission Hospitals, replacing the old-time untrained assistants; as School Nurses, Public Health Nurses, and in all the branches of Christian Medical work that are open to them.

Review of Address on Diabetes

By Dr. BANTING.

Since 1889 when von Mering and Minkowski produced severe and fatal diabetes by removing the pancreas in dogs, this organ has been regarded as the seat of the disease in diabetes mellitus. The pancreas is a small gland lying just back of the stomach, made up of a large number of very small glands. Scattered in between these glands are small groups of cells or islands. The glands produce digestive juices which they pour into ducts which carry them to the bowel. The islands have no ducts but produce a secretion which is absorbed directly into the blood stream and is carried to all parts of the body to do its work. This latter secretion is called an internal secretion and is the one concerned with the metabolism of sugar in the body. Without it the body can make no use of the carbohydrate in the food and extracts it as sugar in the urine. Furthermore, fat cannot be burned up completely unless carbohydrate is also burned, and its incomplete combustion produces acid bodies which are toxic and cause acidosis or coma to develop.

From the time that it was discovered that the pancreas produced a secretion necessary for the metabolizing of sugar in the body and that its lack caused diabetes, many have tried to obtain this secretion and by giving it to a diabetic individual enable him to burn carbohydrate. Their efforts all failed because they either gave pancreatic extracts containing both the intestinal juices and the internal secretion, or if they secured the internal secretion alone, gave it by mouth. In both cases it was digested by the intestinal juices and thereby rendered ineffectual. Dr. Banting and his co-workers first obtained the internal secretion separate from the external one by ligating the ducts from the pancreas, which caused the glandular tissue of the organ to degenerate, but left the island tissue intact. By giving the extract hypodermically instead of feeding it, they gave it a chance to act on the carbohydrate before it was digested. These extracts of the pancreas were called insulin because they contained the secretion of the island tissue. Various means of obtaining these extracts have since been devised by which they can be obtained in larger quantities and in purer form; but insulin is still an extract of the island tissue of the pancreas.

Many diabetics, particularly older ones, are successfully treated by diet alone. Others, especially children, cannot take enough food to maintain life for long without insulin. Insulin, as far as known, will not cure diabetes. It simply furnishes to the body artificially what the body, through disease, is unable to produce and without which it cannot metabolize carbohydrates or completely burn up fats.

Review of Paper on Diabetic Coma

By DR. GLADYS BOYD, Toronto

Ignorance of the part prevention should play in the treatment of diabetic coma is responsible for a large number of the cases, and very frequently the fatal cases. First, it is necessary to realize that insulin is a potent remedy for good but may be just as powerful in producing ill effects if unwisely used. Theoretically there is no limit to the amount of food a diabetic can handle with sufficiently large doses of insulin. This fact permits the foolish to overeat and produce a surplus of body fat. Coma is much more likely to occur in such a person and to be of a more serious nature when it does. Avoidance of overweight is therefore a first preventative measure against diabetic coma. Secondly, it is a dangerous thing to discontinue insulin in a patient accustomed to it. Failure to realize this fact and ordering the insulin to be discontinued especially when an acute infection is present has caused a number of deaths. A patient who has been taking insulin must be given it even if he is too ill from some other cause to take food by mouth. Carbohydrate will have to be given by other routes than per os in these cases but insulin must not be stopped. Third, the demand for treatment in diabetic coma is urgent. Practically 100% of the cases of coma treated within 36 hours of onset recover, but an increasingly large percentage die when treatment is delayed longer than this.

When coma, or severe acidosis develops, treatment is urgent and for a time requires care from nurse and physician. Two main objects must be kept in view: first, the metabolism must be reduced to a minimum and converted into a carbohydrate one, and second, the fluid loss must be made up.

To accomplish the first purpose the patient is put to bed and external heat applied. Careful nursing which spares the patient any unnecessary effort is essential. The patient's metabolism is thus reduced as low as possible and further production of acid bodies from his tissues stopped. Sufficient carbohydrate, with insulin to burn it, must be given in some form. If the coma is severe, both the insulin and the carbohydrate, as 10% glucose, are best given intravenously. If less urgent, 5% glucose may be given subcutaneously and the insulin by hypo. As the patient becomes better, the carbohydrate may be given by mouth: first, 5% glucose or orange juice, and later cereal gruels with sugar added. The amount of insulin needed is usually large and can best be determined by examining the sugar content of the blood and urine. As an initial dose one unit for each two grams of carbohydrate given may be used. The comatose patient requires large quantities of fluid. Much of this is given with the carbohydrate as mentioned above. As soon as the patient can he should be urged to take as much fluid as possible by mouth.

The Annual Meeting of the Saskatchewan Registered Nurses Association will be held at Regina on April 20, 21, 22.

With the League of Red Cross Societies

Dr. R. W. Routley, Director of the Ontario Division of the Canadian Red Cross Society, has returned to Canada after spending three months with the League of Red Cross Societies in Paris. The following extracts from Dr. Routley's report are taken from the February, 1927, number of The Canadian Red Cross.

"Every facility was placed at my disposal to study the work being done by the different sections, and as the Health Section, of which I was temporary Director, is a sort of bureau of information for the others, I had close contact with them at all times. * * * * * * * * * * * The Health Section is the hand-maiden of all the other sections of the League. Not a day passes that the Director is not called upon to discuss at length problems having a Medical or Public Health aspect, with the Director of the Nursing, Junior or Relief Divisions. It may be the opening of a new Red Cross Hospital in Roumania, the sending of physicians with the relief unit to Bulgaria, or the discussion of articles on sanitation written for the Junior Red Cross of Siam.

All the important medical and public health magazines and bulletins of the world come in to the Health Section. It is the duty of the officers of the section to review these, mark articles which are of special importance, and write summaries of original studies of subjects dealing with different phases of public health and preventive medicine. The section also receives all new books of international importance bearing upon public health or health education. These must be read and short reviews written, which may be published in the World's Health, or are often requested by National Red Cross Societies or other National Organizations.

The League of Red Cross Societies has a wonderful world-wide opportunity in disseminating knowledge and advocating principles which will vastly improve the health of the peoples of the world. The greatest of all its channels in this respect is the Junior Red Cross. One is amazed at the vast numbers of requests for literature and information which come to it from the Junior Divisions of the different Red Cross Societies, and it is entirely impossible to estimate the health educational value which the carefully-prepared literature going out from the office from month to month shall have upon the children and, eventually, upon the adult citizens of many nations and states. The preparation of such literature is worthy work for experts of very high ability and experience.

One cannot study the work of the Nursing Division of the League without feeling that it has already accomplished some very startling results in raising the standards of nursing service in several countries. There are states in Europe which five years ago had no trained nurses whatsoever, and which, because of the direct contacts made by officers of the nursing division of the League, now have training schools for nurses, and are studying public health nursing requirements. Several South American countries are on the threshold of a similar development.

The International Course of Public Health Nursing, in London, which is being directed by the League, has brought together this year nurses from fourteen nations. These nurses have the privilege of intensively studying for one year the public health methods of England, which stands in the front rank of all the nations of the world in its public health and child welfare services. In addition to this they have the privilege of brushing shoulders during this period with some of the leaders in the nursing services of thirteen other nations. These nurses live together in a beautiful house in Manchester Square, and thus constantly discuss the different methods employed in the health work of their different countries. Who can esti-

mate the beneficial results which shall accrue in the better health of the countries to which they will return as leaders in their different nursing worlds because of their experience in these schools?

It was our privilege to spend part of a day and an evening in the school and to address the students on our work in Canada. At the end of our address we were obliged to answer numerous questions, one of which was, Would we accept foreign nurses in our Red Cross work here? They voted they would all like to come to Canada. The students are a fine, able-looking group of young women, not the least of whom is Miss Manson, a Canadian nurse from Winnipeg, sent to the course by the Victorian Order of Nurses. I sincerely hope our Society will be represented by nurses in this school again from year to year. We now have a large body of nurses upon our staff, and we might easily recognize faithful and brilliant service from time to time by sending a nurse to London.

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In addition to my work at the League offices in Paris, I had the privilege of visiting centres in France, Switzerland, Germany, Belgium and England."

*Health Superstitions**

By J. J. HEAGERTY, M.D., D.P.H.

Medicine in the early days was a hodge-podge of philosophy, religion, alchemy, witchcraft, magic and sorcery. Even up to within the last century or two people believed in possession by the devil, and the baneful influence of the evil eye is still to be reckoned with. It is not strange then to find that disease was attributed to the powers of darkness and their satanic influence, to a wrathful deity as a punishment for transgressions and to the machinations of some human agency or individual possessed of supernatural power.

The North American Indian with vivid imagination pictured himself surrounded with creatures from the other world. To him the animal and vegetable kingdoms were filled with spirits, good and evil, which constantly worked their will upon him. There were the spirits of the woods and of the water, of the hills and of the valleys. These took on varying shapes and forms as they pleased or as the imagination pictured. It comes, therefore, with little surprise that we find the Indian, like other aboriginal people, attributed disease to the evil influence of the denizens of the nether-world.

Le Jeune, the Jesuit missioner, gives us an insight into the working of the savage mind by the following incident. Following a hunt upon which Le Jeune had accompanied them, the Indians, he tells us, ate and retired to sleep but "were awakened by one of the savages who awoke all out of breath, trembling, crying out and tossing about like a maniac. When his companions tried to soothe him he became more and more frenzied and rushed into the river. He was dragged out and a fire made for him but he refused to sit near the fire. Medicine was made for him which he refused to take. 'Give it to that child,' said he, pointing to a bear's skin. They had to obey him and pour it down the animal's throat. When questioned as to the cause of the illness he said he had dreamed that a certain animal had jumped into his stomach and in order to frighten it he had jumped into the river. They all pretended to be mad and to have to fight animals." Then they all began to imitate animals to frighten away the evil spirit, with the result that the sufferer was cured of his illness.

*(Social Welfare—January, 1927.)

The belief that the devil took bodily possession of an individual was not, as we know, confined to aboriginal minds alone, but finds a well-authenticated place in Christian doctrines; nor was the belief confined to the old world, as is attested by the following narrative from the "Jesuit Relations":

"In this month(December) Barbe Hale was brought from Beauport (Quebec). She had been possessed with a demon of lunacy for five or six months, but only at intervals. At first she was placed in a room in the old hospital, where she passed the night in the company of a keeper of her own sex, a priest and some servants."

This account is supplemented thus by Mere Marie de l'Incarnation:

"It seems that there was a certain miller who was adjudged by the church an apostate and a magician. He, by his diabolical arts, had bewitched the girl and persuaded her to marry him. The proof of his intercourse with the devil was that the poor hysterical girl declared that he visited her by day and by night, after demons had appeared to frighten her. The bishop sent the Jesuits to exorcise the devil, and he himself adopted measures to the same end; but Beauport was so far away that he decided on placing the girl under the charge of the Hotel Dieu nuns, and putting her sweetheart in prison."

Some years ago the writer witnessed an outbreak of beri-beri among the Chinese crew of an ocean liner. Three of those who suffered from the disease died. As is customary at sea, the bodies were wrapped in canvas prior to being confined to the deep. The Chinese crew, after enclosing a few joss sticks, playing cards and cash within the canvas so that the dead would be well prepared for the next world, placed a small bowl of rice outside the body. When asked the reason for the rice they stated that it was for the devil. They pointed out that the disease which had caused the death of their friends was due to the devil, and that as soon as death took place he left the body of the deceased and entered the body of another. However, seeing the rice after leaving the body he would take counsel with himself and conclude that these men who provided the rice for him were good fellows and he would, as a mark of appreciation, refrain from entering their bodies and causing disease. The belief would then appear to have been widespread.

Among primitive people no better example could be adduced of the conception of disease as an evidence of the vengeance of an outraged deity than the ten plagues of Egypt. The Israelites, although held in slavery by the Egyptians and subjected to the vilest abuses, multiplied so rapidly that the Egyptians became alarmed for their own safety and the command was given to drown all the newly-born male Jewish children. This order had not been long in force when the whole structure of despotic tyranny crumbled and fell as plague after plague decimated the Egyptian people. Although we now know that the plagues were due to quite natural causes they were not so considered by the Israelites and Egyptians. They were accepted as a token of the wrath of Jehovah in punishment for the cruelties perpetrated upon His chosen people.

That the sins of the parents descend upon the children even unto the third generation is attested by the Bible, and the fact that syphilis is a congenital disease which goes down to the third generation is accepted as an evidence of God's wrath and a fulfilment of the Biblical law. This does not take into account the wife who is the innocent victim nor the innocence from sin of the children; nor does it explain the fact that the sinner who is skilled in the science of prophylaxis escapes the disease.

How many are there of us who have not heard of the evil eye? This superstitious belief in the occult power of an individual possessed of but one eye is as ancient as the race. It

runs as an unbroken thread through the folk-lore of the Oriental and Occidental peoples and has been handed on to us. The individual with but one eye has always been looked upon with suspicion and the Levantine and Oriental peoples fearfully crossed their fingers when they encountered such an one. It gave rise to the wearing of protective amulets to ward off the evil influence. These are still in fairly common use. We are familiar with the wonderful efficacy of a potato carried in the pocket as a cure for rheumatism, of the rabbit's foot to bring luck, of that hoard of strange charms—a tooth from the head of a skull, a ring made from the nail of a coffin, moss scraped from the skull of a culprit who had died in chains, a spider hung around one's neck in a nut shell for the cure of malaria, and a host of others too numerous to mention.

In view of the supernatural aura with which the conception of disease was surrounded it was natural that preventive and remedial measures should have found expression in occult powers and mysterious rites. There developed an age of sorcery, magic, priestcraft, necromancy, divination and witchcraft, in which the employment of preternatural agencies for the diagnosis and cure of disease was rife.

King's evil, no doubt, required the kingly touch and from Edward the Confessor down to the days of Cromwell the kingly prerogative of touching for the King's evil was indulged. Patients were housed and fed by the king and bore around their necks a medal known as an "angel" struck for the occasion. Needless to say they made satisfactory progress. Emulation of the kingly touch became common and laymen who felt themselves to be the instruments of the Lord took up the goodly and remunerative work. One of the most famous healers by touch was Valentine Greatrakes. He was born in Ireland, of English parents, and at the age of forty felt himself filled with the Holy Ghost, and constrained to drive out devils. As disease was caused by the devil inhabiting the body, what more natural indeed than that disease should vanish with the departure of the unholy one. As proof positive of his ability to cure he had a host of people—no less than two hundred thousand—who vouched for his miraculous powers. His fame carried far and wide, finally reaching England where he was invited to display his skill in healing the sick. He was no less successful in England; his patients were numbered by thousands and his wealth increased proportionately.

A contributor to "Collier's," discussing the men who were to be found throughout the country towns curing the ills of mankind, gives us the following description of one of them.

"The doctor I remember best was Professor Hieronymus. He had sideburns longer'n my mother's lace curtains, an' could cure anything from birthmarks to baldness, no ailment barred. Vital healin' he called it. No knife, no medicine, no nothin', jus' the plain application of his hands over the afflicated part. Why, Barney, magnetism poured out of him like sap out of a sugar maple. For two dollars he'd take plain tissue paper between his palms and vitalize it, an' all you had to do to keep well was jes' pin it on your night shirt at your back over the great nerve centre of the human body."

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The mystery of magnetism early attracted the man of small scientific attainment and it was not long after Franklin published the results of his experimentation in the field of electricity that Professor Maximilian Hell, of Vienna, introduced his magnetic metal appliances consisting of one or more different metals so constructed as to be easily adjusted to any part of the body. Like Dr. Abrams' mysterious electrical apparatus of more recent date for the diagnosis of disease, in which there was everything but electricity, Hell's metals were devoid of any magnetic properties; neverthe-

less, he cured every imaginary ill that flesh is heir to. Soon he had his emulators in America and the age of magnetic healing was well under way. The metals were most efficacious in one direction at least—in drawing out precious metals from the pockets of guileless patients.

As knowledge of electricity increased, that long-awaited panacea, the electric belt, was thrust upon a gaping world. This was the last word in scientific medicine. Strapped around the *embonpoint* currents of electricity poured through the muscles and nerves, soothing, stimulating, filling the wearer with vim and vigour, and incidentally the billfold of the originator with the specie of the realm. Electric belts have lost much of their pristine glory but unfortunately are not as extinct as the dodo—as they should be.

While fads and fanciful cures come and go, there is always with us the curse of drugs which has been fastened upon the medical profession as a heritage of alchemy and which will haunt us until the end. There is no balm in Gilead as far as drugs are concerned. The Egyptian physician had 7,000 varieties of drugs and would have been lost without them. Where are they now? Where is the old Theriac cure that was so much in vogue in Harvey's day? What a wonderful cure was Theriac! People flocked from far and near. It cured everything from phantom tumour to elephantiasis. The old especially declared that they could not live without it. What was this mystic drug? Only the remnants of old drugs that had been on the shelves of the drug store until they had grown too stale for use and of mistakes in compounding prescriptions. Odds and ends of this nature were thrown into a stock bottle and labelled Theriac. The magic name has long since been forgotten. Where is now Berkley's Tar Water? Where the weapon ointment which cured by being placed not on the wound but on the instrument which had caused the wound; and sympathetic powder which was applied to the blood-stained garments of the injured and not on the wound? Miraculous cures which were acclaimed by the multitude.

Drugs! Drugs! The pharmacopeia is filled with them. The doctor's desk is littered with advertisements recommending the newly discovered panacea. An avalanche of literature is printed each year. What a waste of time, money and labour. Not one remedy in thousands is of use. There are about a baker's dozen of drugs that are of real value in the treatment of disease; the others—the brain children of the pharmacist who has at heart the welfare of mankind in general and his bank book in particular.

As we look over the newspapers and magazines what wonderfully glowing records of cures, what wonderful hopes that are held forth for the dying, the dead and decadent! Have you a pain in the back? Kidney disease? Our specific, send two dollars! Loss of weight? Our fat reducer. Send two dollars! Asthma? Bronchitis? Tuberculosis? Cancer? Easily cured. Send two dollars! Decayed teeth? It is the film that does it. Use our special paste. A sound tooth never decays! Use our special paste, etc., etc. What does it matter that the underlying condition is a deep-seated infection of the tonsils, ulcerated septum, decaying teeth or fermentation in the gastro-intestinal tract? What does it matter that the disease has advanced so far that cure is impossible? This is a money-mad age when principles are sacrificed to cupidity. The great mass of patent remedies are worthless. They would not be in existence were it not for the superstition that is so large a part of us all. A worthless remedy that is surrounded with an air of mystery and extensively advertised makes an instant appeal. It is becoming increasingly necessary to enlighten the public. Health departments are rising to the occasion and through literature and lectures are bringing information to the masses which cannot fail to counteract superstition and mis-representation.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

*Round Table: Instructors' Problems**

(Continued from March, 1927)

Clinical Methods of Teaching in Schools of Nursing

By KATHLEEN SCOTT, Instructor, General Hospital, Toronto

The clinical method of teaching students in a school of nursing has long since passed its experimental stage. The plan justifies its increasingly important place in the teaching programme inasmuch as it provides a means whereby actual experience on the ward may be coordinated with the lecture schedule.

Experiments in this method of teaching show most effective learning results. The reasons for this are threefold. Of paramount importance is its vividness, impressing simultaneously the two most important avenues of learning, the eye and the ear. In addition, the lesson takes place in the familiar environment of the ward. This eliminates the necessity of bridging the gap between the class room and the student's actual experience. This factor will probably mean more to the average nurse who finds it difficult to carry over the knowledge she acquires in the class room to her duties on the ward. A third and very important consideration is the actual contact with the patient.

The clinic method of teaching simply consists in holding short discussions of a case around the patient's bedside. The plan is simplicity itself but its execution probably involves more careful planning than either demonstration or lecture.

The essentials to be considered in organizing the instruction of students on the ward are various: adequate clinical material, the instructors, the time and the personnel and conduct of the clinics themselves. In a teaching hospital any difficulty regarding suitable patients is negligible. The question as to who should conduct these clinics is frankly debatable. The logical person is undoubtedly the head nurse of each ward. She has the most intimate knowledge of her patients, their home conditions and their hospital treatment. Unfortunately in some hospitals the head nurse is so overburdened with pressing administrative duties as to make it impossible for her to act in such a capacity unless some relief is afforded her. This might take the form of clerical helpers, ward helpers or senior students to carry some of the administrative responsibilities, under the supervision of the head nurse. Failing this arrangement the only other person available and logical, is a trained ward supervisor. This really reverts back in a measure to the head nurse for the supervisor will probably consult her as to the choice of patient, history of the case and any other related details. Both head nurse and ward supervisor should have special training in teaching and must be in close touch with the work being carried on at the time in demonstration and lecture room.

Obviously the selection of the patient by the clinic teacher depends on the background of the student. Another consideration in choosing the material is the group importance of the case. It is wiser to choose the more usual in medicine for such clinics. The more rare may be discussed in the larger class room group.

(*The Nursing Education Section, C.N.A. General Meeting, August, 1926.)

The clinic should not consume more than fifteen minutes about the patient's bedside. Later it is well to follow these clinics up with a general class room discussion where previously taught anatomy, materia medica, practical nursing, social service and hygiene may be applied to the case in hand. It is impossible to dictate any given time of day for such clinics, as this will vary greatly with the differing routines of the hospital.

Probably the most difficult factor in teaching by the clinic method is that of assembling the proper group. In the first place only students who have had the same course of lectures and are in the same year of training should attend the same clinic. This would present no difficulty where the head nurse is clinic teacher as she can arrange her own groups, but is a very real handicap where the supervisor is concerned. Save for the junior year there are usually not more than one or two such nurses on a ward and they can not all be spared at one time. If possible, students may be taken from other wards to make up the groups. Such selection would of necessity rest with the head nurses and the supervisor who must co-operate. Ward helpers would prove a boon in incorporating such a plan of teaching.

Another problem is the number to be included. Fifteen has been suggested and is actually the number in use in medical schools. In order to insure full discussion and to gather the group more readily, however, eight would seem a less unwieldy and more ideal number.

In conducting these clinics the instructor will find it necessary to spend almost more time in preparation than for lecture or demonstration room work. To assemble all salient factors and apply them to the previous knowledge of the student in a short ten or fifteen minutes is an art in itself. The case must be thoroughly canvassed by the teacher. It would be advisable, moreover, for her to consult the patient who in most cases is greatly interested and co-operates gladly. The students should be notified the previous day in order that they may read the history for themselves.

The lesson plan of the clinic would include some of the patient's home history which he might give himself, under the guidance of the supervisor. Signs and symptoms of the disease must be pointed out, the chart examined and commented upon, the laboratory findings and X-Ray reports consulted and discussed. Adroit questioning of the students should bring out the treatment and drugs given and the nursing care in connection with this particular case, also other treatments which might be given. This questioning is most important since it leads the pupils to apply for themselves the knowledge gained in the class room to their duties on the wards, the highest aim of any teacher.

Even now the clinic method, which is so indispensable in medical schools, has been only incidental in the nursing curriculum. The difficulties have been so obvious that they have overruled the very apparent advantages. Lack of adequate supervisors, too much routine and the dependence of a teaching hospital on the under graduate students for the entire care of its patients have proved to be almost insummountable obstacles.

The advantages of clinics are numerous and incalculable. They are economical since the material is all at hand. Clinics supplement and broaden the work of the class room. They are not intended to usurp the place of other methods of instruction, but they co-ordinate in a unique way theory and practice.

The most important element is the direct contact between student and patient, the patient is the centre and source of the lesson in contrast to the class room where the patient may only be discussed theoretically.

Clinic teaching tends more than any other method to preserve the original ideal of service and enthusiasm which animates the probationer and junior, but unhappily seems to weaken in the senior classes. It focuses the student's interest upon the patient as an individual. This is demonstrated by the fact that in many instances nurses will ask that clinics be held on certain patients in whom they are interested. Whenever possible it is wise to grant such requests, also where case records are in use it might quicken interest if a student be allowed to conduct a clinic on the patient whom she is studying — this latter, of course, under the supervision of the teacher.

Oliver Wendell Holmes has said that it is the simplicity of the bedside instruction which makes it so pleasant as well as so profitable. In its simplicity and efficiency, as a teaching method, undoubtedly it is unparalleled.

Case Study as a Means of Teaching Nurses to Teach Themselves

By OLGA LILLY, Instructor, General Hospital, Montreal.

The subject "Case Study as a means of Teaching Nurses to Teach Themselves" deals with a matter which has been greatly to the foreground in discussions on nursing education since the appearance, some three years ago, of an article by Sister Domitilla, R.N., of St. Mary's Hospital, Rochester, Minn., in The American Journal of Nursing, entitled "An Experiment in Case Study" and which presented the plan in so attractive and complete a manner that further descriptive remarks would seem superfluous.

Of late years all centres of education have realized more fully the value of the project method of teaching in stimulating the interest of the students in their work and in encouraging them to search independently for knowledge which, once gained, will be printed indelibly upon the mind, thereby contributing to the fund of learning necessary to the intelligent and successful pursuance of any vocation.

In nursing circles those who have been actively engaged in the education of the nurse have not been slow to realize the great possibilities ahead when such a method could be properly introduced into the schools, and have aimed to facilitate and encourage the embracing of the rich opportunities for self-instruction to be found within the precincts of a hospital.

The plan has been welcomed, not only by those instructing, but also by the students themselves who have entered keenly into the work and have, for the most part, taken a genuine pride in returning an intelligently and neatly kept record of their study.

The poorer student particularly has gained since she has learned how to seek and apply the knowledge of her profession and, in many instances, has had awakened in her the ambition to be ranked among those who have already proved their ability to nurse intelligently and well, whereby the patient, her foremost interest, has distinctly benefitted.

The co-relation of all subjects is intensified since the Case Study sheets call for information which, to be given correctly, requires a broad knowledge on the part of the student of the theoretical as well as the practical in nursing.

The time best suited would seem to be during the intermediate year, when lectures on medicine and sur-

gery are being given, the instructor choosing the patient whose illness should prove of greatest educational value to the nurse, guiding, but not assisting her in the study and recording of the history, symptoms, findings, course, treatment, complications and sequelae of the disease.

Variety should enter into the plan, and this entails record-keeping on the part of the instructor that will show at a glance what ground each student has covered and also contribute to the equalizing of experience.

As to the length of time to be devoted by each student to her study one hesitates to make a definite statement since so much depends upon the nature of the case in hand, the pressure of nursing work upon the ward, the adaptability of the student to self-instruction, and the co-operation of those upon whom she must depend for the source of a great deal of her information. That this time should be taken out of duty hours is only fair to the student but she must thoroughly understand and appreciate the fact that it must in no way interfere with the efficient performance of her nursing duties, and she should be encouraged to plan her work so as to permit her to accomplish this.

A quiz by the instructor on each case studied is invaluable since, first, it enables her to determine whether the student has assimilated the knowledge contained in her record or has merely allowed the information gleaned to pass through her, and second, through the fact that the student knowing from the start that the quiz will be given is incited to ascertain the authenticity of all things concerning her patient's condition before recording them, and also to acquire a wider knowledge of that particular disease.

The value of the daily keeping of the record cannot be too highly estimated and the instructor, with the co-operation of the ward supervisor, should insist that this is done, otherwise much of value will be lost in the making of that permanent record in the mind of the student through which we hope to achieve our aim—better care of the patient, today and tomorrow.

It has been most gratifying to note how frequently the students themselves have requested that they might make a study of certain cases which have especially aroused their interest, and also the disappointment manifested when, due to some unforeseen event—such as illness—it has been impossible to finish a case study already begun.

The psychological effect of all this upon the most junior students is not to be ignored, for we find that they are consciously and unconsciously preparing themselves for the time when they too shall be given the opportunity to "teach themselves," and therein lies a true value, for they have already taken the first step.

In the special training schools that are affiliated with the general training schools we again find a tremendous gain through the use of the Case Study. Here the student is thrust into a strange environment to which she all too frequently finds it difficult to adapt herself, and in consequence may lose interest in her work; but knowing that she will shortly be expected to make a study of a patient in her care and to hand in to her instructor a written record of all the important facts concerning the case, she will far more quickly "find herself" in her new surroundings and join the newly acquired links on to her rapidly growing chain of experience. Upon her return to her own school these records will be of value as evidence of the broadening of her training, for which the affiliation was intended.

As to the content of a Case Study Record, this must be determined by the type of training school for which it is intended. At all times it should contain spaces for the entering of important details such as would be entered on any ordinary bedside

chart, with the exception of routine nursing care, and on the reverse side a pulse and temperature scale; also space for a complete summary and any preventive measures necessary, such as the disinfection of articles or discharges.

Text and reference books used should be entered as a footnote, preferably with the passages indicated. This will be helpful to the instructor in showing what literary ground the student has covered in her study and to the student for future reference.

Just how far we can successfully carry the project method in our scheme for the training of nurses is a question that only time and experience can answer. That we can progress in the matter of graduating from our schools nurses of worth through the medium of stimulated interest in the patient there is not a doubt. If the close study of individual cases by the student will increase her interest in the welfare of all patients and lead her in the direction of our common goal—to care perfectly for mankind in health and in disease—then indeed will the time and effort thus devoted to the education of the nurse be well spent.

Canada House

The February number of The British Journal of Nursing publishes the following on Canada House, London, England:

"Canada House, which has been aptly described as the supreme model of present-day "good manners in architecture" is located on the western side of Trafalgar Square, described by Sir Robert Peel as the finest site in Europe, and facing the Square, has a fine view of the National Gallery, the Nelson Monument, and St. Martin's-in-the-Fields.

The London administration makes a wonderful impression upon a visitor, very largely because of the perfect courtesy one meets with in every possible sense, but also because of the elegance and general artistic beauty of its setting. The feeling one gets everywhere is one of a harmony and beauty that bespeaks fine taste and fine perceptions on the part of those responsible, as well as a knowledge, too, on their part of the fact that the Dominion does not merely rely upon a great edifice, however magnificent, for the maintenance of its prestige in the Empire's capital.

If the fine courtesy and kindness we met with at Canada House are in any degree whatever a reflection of what visitors and emigrants experience when they enter the confines of this great Dominion beyond the seas, then all we can say is that we look forward to the time when our good fortune shall make it possible for us to cross these seas to Canada."

An Appreciation

At the annual meeting of the Central Council of the Canadian Red Cross Society held on February 22nd, the following resolution was unanimously adopted, and forwarded to the Executive Secretary, Canadian Nurses Association:

"THAT the Central Council of the Canadian Red Cross Society in session desires to place on record its appreciation of the valuable assistance of the Graduate Nurses throughout Canada who have so freely and willingly given their services in the conduct of Home Nursing Classes."

Although these Home Nursing Classes are of recent origin it is reported that already over 11,000 girls and women have taken this course of instruction in personal, home and family hygiene. Last year there were 305 classes in the Dominion, and it is estimated that not less than 45,000 people have been assisted through this rapidly-growing service, which it is gratifying to realize has been developed through the co-operation of Canadian nurses with the Canadian Red Cross.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, PQ.

The Nurses' Registry

At the annual meeting of the Association of Registered Nurses of the Province of Quebec the registry was the subject of a round table conference, and while many of the remarks might have a local application only some criticisms offered in regard to nurses vs. the registry and the registry vs. nurses might well be noted by all nurses and registrars from coast to coast. It was made clear that there is nothing radically wrong with nurses or the registries; all the shortcomings of the former in their relationship to the registry can be summed up by the one word—thoughtlessness. The main cause for complaint appeared to be lack of notification to the registry when a nurse is not available for a case, whatever the cause: that she is already engaged, or on vacation, or for some other reason. In speaking, Miss Lucy White, Registrar, Montreal Graduate Nurses Association, laid great stress on this point and it does not take much imagination to realize the amount of time that may be wasted in making repeated 'phone calls to nurses whose names are on the registry but who for some reason or other are not ready to take a case at once.

Miss White: The problems of a registrar in charge of a registry with a large membership are many, especially when it is kept in mind that the purpose of the registry is to supply a nursing service to the local hospitals, private homes and out-of-town calls, more especially calls from medical men in the smaller towns and rural districts. In reality the registry is a bureau of information for the nurses, the medical men, and the public in general!

The registrar should know each nurse individually: her appearance, disposition; educational, cultural and professional qualifications.

The adoption of twelve hour duty has introduced further complications as there is now the nurse who registers for day duty, night duty, or hospital duty only. The majority of nurses register for day duty only, and as the demand for nurses for night duty is increasing, both from the hospital and the home, it is becoming more difficult for the registry to fill these calls.

Among the older nurses are found many who register for nineteen hour—called by some twenty-four hour—duty. Some register for day or night but when called for night duty are not available, possibly having gone out for the evening without leaving a telephone number. Much time is lost at the registry by such thoughtlessness: sometimes as many as ten nurses have been called before one is located who is able to answer the call at once. Needless telephoning might be eliminated if a nurse on the registry, when going out for the evening, would notify the registrar of her intention. Also, when a nurse is engaged directly by a doctor, who has had the names of several nurses given him by the registrar, she should advise the registry of her engagement, as the doctor seldom does so. Then there is the nurse who changes her mind after accepting a call, sends a substitute and forgets to notify the registry that she has done so. This latter is particularly embarrassing from the

registrar's point of view, especially if the doctor has asked for a certain nurse, and believes he has engaged her.

On every registry one finds the nurse who, although a graduate of a local hospital, is never asked to return for special duty. This nurse is usually dissatisfied and blames the registry for the lack of enthusiasm for her services shown by her Alma Mater, instead of realizing that her former hospital may not wish to have her there on special duty.

No doubt every registry is accustomed to having excuses similar to the following when some nurses are called: left all my things at the hospital; laundry has not returned; I did not expect to be called so soon; have just washed my hair; have an appointment—and so on, with many others.

All these are problems for the registrar who is attempting to supply an efficient nursing service to the medical men and the public and at the same time satisfy the individual nurse.

In regard to type of cases accepted, Miss Janet Wainwright had some remarks to make. She was of opinion that there are a certain number of nurses who cannot take night duty owing to their inability to sleep in the daytime, and that there are others who, after years of night duty, feel unable to accept calls for such cases. Possibly this problem might be solved, in part at least, if the younger graduates would undertake a greater number of night cases. The same arrangement might prove the solution of the problem of supplying nurses for calls for maternity, communicable, children, private home and out of town cases. The younger nurses may not realize the wealth of experience to be gained on these various types of cases: they learn to adapt themselves to the varying conditions in the homes; to see the patient as the member of a family group—not merely as a "case." The country case is a great opportunity for development; there one is able to compare urban and rural surroundings as they tend for or against the patient's recovery; a sense of responsibility is developed, not otherwise easily obtained, finding it necessary to act in emergency without the aid of doctor or sister nurse.

The lack of clinical experience while in training sometimes prevents a capable nurse accepting calls to cases on which she has had little or no experience, i.e., communicable diseases. It is necessary for nurses to realize that the days spent in their training school are merely the beginning: that all after graduate life and experience are essential to real self-development, to the making of the "ideal" nurse of each graduate's conception, and the evolution of the nurse for which the public is asking.

Miss Milla MacLennan, of the Royal Victoria Hospital, Montreal, offered some good suggestions in regard to registry filing systems and records. Many, no doubt, have some such system in use but for the benefit of those who have not, or whose systems need improving, Miss MacLennan says: "With a view to facilitating the work of the registry and in order to provide for the immediate needs of the hospital, and to promote the general welfare of nurses, the following suggestions are made:

A. An index card for each nurse might be kept, giving particulars in regard to:

(1) Full Christian name, address and telephone number;

(2) Age and date of graduation;

(3) Proficiency in certain types of cases; and

(4) Remarks as to deportment, tact, efficiency, etc.

B. When a nurse goes on a case a red case card should be inserted behind her index card (white) briefly stating:

(1) Name in full;

(2) Where sent, and date;

(3) Day or night duty;

(4) Date off duty;
(5) Remarks, if any.

On leaving a case the nurse, or the hospital, should notify the registry and the red card slip would be removed and filed for future information.

It would greatly expedite the putting through of telephone calls for nurses if a part time assistant were engaged at the registry during the busy hours. She would be made thoroughly conversant with the card index system and the routine affairs of the registry. (In this connection it is suggested that the hospitals might agree to have different hours for calling day and night nurses.)

General Suggestions

A.—Re Registry:

(1) That the card index be kept within easy access of persons at the registry answering telephone;

(2) As few changes as possible in the personnel of the registry.

B.—Re Nurses:

(1) That nurses called by registry be informed as to exact building to which they are to report; if an emergency case, it should be so specified, and the nurse called should lose no time in reporting. No nurse should at any time take more than one hour to report. If this is not possible she should notify the registry. Nurses going on vacation should notify the registry.

(2) When the patient's condition permits, nurses' hours are: day, 8 a.m. to 6 p.m.; night, 8 p.m. to 7 a.m.; otherwise from 7.30 a.m. to 7.30 p.m.

Conclusion

The registry has handled the ever-increasing demand on its service well but we realize that although many nurses are endeavouring to maintain an efficient registry, it need the best efforts of each and every nurse to achieve satisfactory results."

BOOK REVIEW

Nursing Mental and Nervous Diseases, by Albert Coulson Buckley, M.D., Medical Superintendent, Friends' Hospital, Frankford; Professor of Psychiatry, University of Pennsylvania. Published by J. B. Lippincott. Price, $3.50.

From the nurse's viewpoint this text-book has covered fully many important topics. The first few chapters deal with the matter biologically and with the vertebrate nervous system. Then follows an exhaustive classification of mental diseases; causes and treatment. A separate chapter on Mental Nursing, including hydrotherapy (prolonged baths, cold wet pack, the salt glow, etc.), occupational therapy, psychotherapy and mental hygiene is especially thorough. Nursing of the patient as an individual is emphasized and mechanical feedings fully explained. Several illustrations add considerably to this section. The last few chapters discuss diseases of the nerves, spinal cord, brain and general nervous system, and the necessary nursing care. The text has followed the revised curriculum for schools for nurses. The book meets a long-felt need and will be a valuable text-book, well worth the consideration of all graduates and pupils who are interested in the mentally ill. The book consists of 312 pages, with 57 illustrations.

A. BERTHA SCHWEITZER.

BOOKS RECEIVED

How I Came to Be, by Amenouhie T. Lamson; illustrated; 179 pages. The Macmillan Company of Canada, Toronto. Price, $1.75.

Leadership, by Wm. Colby Rucker; 171 pages. The Macmillan Company of Canada, Toronto.

Child Health Demonstrations: Mansfield and Richland County, Ohio, 1922-1925; 354 pages. Distributed by American Child Health Association, 370 Seventh Avenue, New York. Price, $1.00.

Speaking at the Fourth English-Speaking Conference on Maternity and Child Welfare, opened in London, England, on July 5th last, the Chief Rabbi said that throughout the history of the Jewish race the child has been considered the "rock upon which the universe rested". His explanation for the fact that infant mortality among Jews is usually half of that of the general population and less than half of that of the poorer classes was twofold. In the first place, Jewish mothers nurse their babies; the farming out of babies and the use of patent foods is practically unknown; and the second fact was the almost universal absence of alcoholism among Jews. He told also of the extensive work carried on for mothers and orphans among the people of his faith.—World's Health, Dec., 1926.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Scenic Health Poster

By ANNA E. WELLS, Winnipeg

When speaking of health posters, we visualize the usual small wall poster on which is depicted some health idea with a health message. And it is on such health posters we have had to rely on in the past to form the background of our health exhibits. Experience has taught us that in use such posters have their drawbacks, for the selection of material is limited by the organizations who prepare them, and the home-made variety is difficult to use in a large health exhibit where an artistic effect is desired in conjunction with the educational appeal.

And because health exhibits have usually been prepared by health organizations with a minimum of funds and effort—at least, that is the case in Manitoba, where the planning and arranging of a health exhibit is only a small part of a busy nurse's work; and, because health exhibits have demonstrated their usefulness in popular health education too well to be relegated to the background, the necessity for finding a way and the material to make up an exhibit quickly, cheaply and effectually, has become an urgent necessity. Therefore, as necessity has been noted to be the mother of invention, an idea was born while observing the work of a demonstrator of Dennison's crepe paper in making a small poster with crepe paper on manila board. If a small poster could be designed, why not a large one: a scenic background conveying a health message? And so a most interesting experiment began. The experiment itself was to use one large pictorial background 10′ x 7′ (ten by seven feet) for each cubicle of our Health Building (a building 60′ x 40′) instead of using an array of small posters which flash before the eye of the visitor for a brief moment, only to be forgotten.

The material used was sign cloth, cut and sewn to required size. This was then stretched upon a frame, as a canvas upon which the picture was to be painted in crepe paper!

Here the difficulties began. Health ideas were plentiful, but the patterns made by the crepe paper manufacturing company were not designed with health ideas in mind particularly, and so it took much planning, selection and experimenting. Then, adapting the ordinary pattern to a large poster scheme is pretty much the same as copying a small picture for an enlargement. We began to feel something of the panic that a celebrated artist admitted having felt when he was challenged to do a picture on an advertising bill-board. Hence we were narrowed to a very simple idea. As it was to be used for both parents and teachers, we chose the idea, "Health Training Must Begin in Early Childhood," in which the following designs were used: Stone wall, from Pattern No. 389; grass, chickens and rabbits, from various patterns; children's figures, from Pattern No. 328, padded with non-absorbent cotton and mounted on cardboard; flowers, from Pattern

(Miss Anna E. Wells, Reg.N., Assistant Director, Provincial Public Health Nurses, Manitoba.)

IMPLANT HEALTH HABITS
EARLY IN CHILDHOOD
WE WANT AN EQUAL
CHANCE FOR HEALTH

No. 364; trees, cut from brown paper; clouds, from blue paper, No. 51; apple blossoms and birds, from Pattern No. 338.

After mounting the crepe paper the whole was touched up with water-colours. The cost of the material was five dollars.

No artist watched the result of his brush more than we did the development of our crepe paper picture; and as the result proved a happy one, we felt justified in naming it a "Scenic Health Poster" to differentiate it from the usual type of poster. From our standpoint, we are delighted with the experiment, because at last we have found a really attractive way of preparing a health exhibit for a comparatively small outlay, and, last but not least, it can be rolled and shipped from place to place without fear of damage.

Our experimental poster was first shown at a Provincial Teachers' Convention, where it created much interest and gave us an opportunity of explaining to teachers the use of crepe paper materials in health training work in the schools, in addition to its use in other projects. Since then it has travelled over the Province to Health Conferences at Summer Fairs, and a Women's Institute Convention, and is at present having a well-deserved rest (very little the worse for wear, as the photograph attests) before starting on the next season's work.

There are wonderful possibilities in the use of crepe paper. The Sand Table Projects can be developed to include health ideas, which are absorbed unconsciously and leave lasting impressions. Practically all of the usual uses of crepe paper work in schools may be thus adapted. What a field for health ideas in the blackboard borders!

Health workers are anxious to obtain suitable aids in health education, but commercial organizations require a demand for such a supply. Therefore, it seems as if the health worker herself must create a demand for them. And this is one which not only makes the work of preparation one of pleasure and absorbing interest, but also attracts and holds the attention of the on-looker.

A Course in Public Health Nursing

At the annual meeting of the Alberta Association of Registered Nurses, Miss Olive F. Watherston read a paper on her experience as a student at the University of Alberta Public Health Nursing Course. Miss Watherston is a member of the Provincial Health staff for Alberta, and has had experience in several districts of the Province.

The course is open to all nurses holding eligible qualifications. The class in question consisted of two members of the Public Health Nursing staff and three University students, studying for their B.Sc. of Nursing. Each week there were twenty-one lecture hours with field work on four afternoons. The curriculum included Social Economics, Anatomy, Hygiene, Household Economics, and Public Health Nursing. There is a slight variation between subjects studied by the graduate nurse and those studying for their degree in nursing. Special lectures were given on hospital administration, the neglected child, the Red Cross and the Victorian Order of Nurses. For field work there is the Outside Clinic, the Well Baby Clinic and its Social Service Department, Venereal Clinic, excursions to various public institutions in or near the city, school inspection, nearly a month with the Victorian Order of Nurses, and some time with the Travelling

Clinic. Miss Watherston, who has had some experience with the travelling clinic writes:

"If there is a nurse stationed in the district where the clinic is to be held, she examines the school children, makes the necessary visits and instructs the parents what things they must bring with them in cases where operation is likely to be necessary, on the day arranged. If there is no nurse stationed there, one is sent ahead to make the necessary survey. A building has to be found at a convenient centre, and the co-operation of the people solicited in making the necessary arrangements. There is no difficulty as a rule about this, and the response made by the people in these isolated districts to the opportunity afforded them by the Public Health Department has been good, and increasing confidence shown at each visit. The travelling staff consists of a surgeon, a dentist and two or three nurses . . . To give an example of the work done in two days at Peers, and one at Hattonford, last September. Thirty-five minor operations were performed, mostly T. and A.'s; about forty dental cases were treated and a considerable number of medical cases examined and prescribed for. Some were referred to the University Out-Patient Department and some to the Government Clinic, as soon as they could get into Edmonton. At Hattonford, two orthopaedic cases were referred to the Red Cross and one mental defective reported. It is difficult to say when these cases would have been discovered otherwise. Hattonford is a place best reached by aeroplane—the only form of transportation we did not try on that trip! To work with the travelling clinic is an education in more ways than one!

If the work is continued next year, and it has always been found that on successive visits the work increases, a splendid opportunity could be afforded the students of getting a preliminary insight into the problem of the more scattered rural districts, and of seeing what can be done outside of a hospital; or rather how the hospital with all the essential technique can operate in remote regions and unlikely looking buildings."

In referring to the advisability of the best time for a nurse to attend a public health course, Miss Watherston expresses herself as follows:

"I believe it is a debatable point whether it is better to take a public health nursing course immediately after three years of general training, or later after some practical work has been experienced. In our class we rather run to extremes, and there is certainly no possibility of our being standardized. On the one hand we have the young academic girl with all her work ahead of her, and on the other we have the other extreme, more or less. We naturally look at things from a different angle and have some quite interesting discussions. Two of the degree students took their Arts Course before beginning their Nurses' Course, so that from start to finish their training will take them seven years. To spend seven consecutive years after leaving high school in the pursuit of knowledge and in acquiring that long list of Christian virtues that we read about in all the nursing books certainly requires perseverance, and I have a great admiration for the girl who keeps up her enthusiasm to the end. Of course, this length of time is exceptional; the straight B.Sc. of Nursing takes five years.

In taking the course, after floundering along without it for some years, though one's brains may be a little woolly, and one finds it hard to acquire knowledge, still compensation exists in that one often has pegs in one's experience on which to hang new facts. For the benefit of anyone who does not know any more than I did two months ago about some of these subjects with long names, I can say that it is beginning to dawn on me that there is some reason in studying them —if I can't define psychology. (That was one of the questions asked in the

test last week, and I don't think I distinguished myself!) Political Economy I always imagined concerned Prime Ministers' salaries and the pay of the Guards outside Buckingham Palace and the cleaning of the Houses of Parliament, etc., and how such a subject could be even remotely connected with nursing I could not imagine. But these things do not concern us directly, and have not so far come into the subject. The study of Economics is the foundation of the study of all social and industrial problems and you might as well try to study astronomy without mathematics as social work without this fundamental science.

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To what ultimate use the finished products of this class are to be put remains to be seen. I don't believe the younger ones have made up their minds and, anyway, with all the variety of field work before us they might change their minds. But it would take a great deal to change the minds of the older ones; speaking for myself anyway. Public Health and District Nursing in the outlying districts is the work to do. A district nurse needs a midwifery as well as a public health training. If there is still a district where the services of a doctor are not obtainable, and where the care of the maternity cases is left to the so-called midwife, whose experience depends mainly upon the size of her own family, I hope I shall be able to relieve her of her responsibilities. There are many branches of Public Health Nursing, and to some of us, any work which may contribute to the reduction of maternal and infant mortality and morbidity makes the strongest appeal. I am convinced that there is no better opportunity offered for health instruction than in the care of the mother and new-born child in the home, the family co-operating as is their natural duty and privilege. With this is naturally associated the pre-natal and post-natal visits."

An Etching of the Memorial Panel

An etching of the Memorial has been drawn by Mr. S. H. Maw, of Montreal, and an edition of 125 numbered and signed pulls has been issued. Of these copies, fifty were disposed of by the Memorial Committee, and Mr. Maw has now seventy-five etchings for sale. The price is $20.00 each with a discount of 40% for nurses, making the net price for each etching $12.00. Miss Jean Wilson, Executive Secretary of the Canadian Nurses Association, 511 Boyd Building, Winnipeg, will take orders for the etchings, and these orders will be filled in the order of their arrival as long as the etchings last. No order can be accepted unless the money accompanies it. If paying by cheque, please make sure that fifteen cents is added to your cheque to pay exchange. Make cheques payable to Miss Katharine Davidson (as Miss Davidson is Treasurer of the Memorial Fund). Anyone wishing to do so may order direct from Mr. S. H. Maw, 216 Percival Ave., Montreal.

On behalf of the Memorial Committee,

E. K. RUSSELL,
Secretary.

News Notes

ALBERTA

CALGARY

Miss Emmett has returned from Spokane, Wash., and is doing private duty nursing.

Much credit is due the convener (Miss Fraser) and members of the entertainment committee, Calgary Graduate Nurses' Association, for the successful St. Valentine's Dance in the Al Azhar Temple, February 14th. About 300 guests attended.

A number of nurses are reported on the sick list: Miss Gore and Miss Morkin are still unable to leave the hospital.

Miss Tarrant, Holy Cross Hospital, has accepted the position of night superintendent in the Drumheller Hospital, at Drumheller.

Miss D. Gordon, Calgary General Hospital, left recently for Walla Walla, Wash., where she has secured a staff position.

Miss Hill, Calgary General Hospital, who has completed a course in public health nursing at Vancouver, B.C., has returned to the city and joined the staff of the Victorian Order of Nurses.

Miss Williams, Royal Inland Hospital, Kamloops, has been appointed matron of the Wetaskiwin City Hospital.

EDMONTON

Miss May Griffith, Royal Alexandra Hospital, 1922, has resigned from the staff of the Royal Alexandra Hospital and accepted the position in the City Health Department vacated by Miss O. Bailey.

At a recent meeting of the Edmonton Graduate Nurses Association the sum of $25.00 was voted to the Y.W.C.A. as an honorarium for the use of their parlours during the past year.

BRITISH COLUMBIA

VANCOUVER

St. Paul's Hospital

The regular bi-monthly meeting of the Alumnae Association was held in the Nurses' Home on March 8th, when the officers were elected for the coming year: President, Miss E. Stevens; vice-president, Miss K. McGovern; secretary, Mrs. E. Faulkner; assistant secretary, Miss M. Murphy; treasurer, Miss J. Norton.

The Alumnae Association held a bridge and whist party at the Nurses' Home, on February 25th. A cordial invitation had been extended to Miss K. W. Ellis and the nurses of the Vancouver General Hospital, and to the Vancouver Graduate Nurses' Association. A short and very enjoyable musical programme was rendered by several of the student nurses, refreshments were served and a very pleasant evening was spent by all.

MANITOBA

BRANDON

The regular monthly meeting of the Graduate Nurses' Association was held at the home of Mrs. Renwick on March 1st. The report of the provincial convention was given by the delegate; Miss A. Francis, and Miss J. Stewart gave an interesting lecture on dietetics.

Miss Helen Morrison, operating room supervisor, B.G.H., is spending a well-earned holiday in California.

The marriage of Miss Nettie McLeod, formerly in charge of the Red Cross Nursing Department in Brandon for several years, to Professor P. G. Mode, has been announced. Her many friends extend their hearty good wishes.

Miss Margaret Gemmell entertained the members of the Nurses Association at a very enjoyable toboggan party followed by games and refreshments.

Miss A. E. Wells, of Winnipeg, was a recent visitor in the city while delivering a series of lectures on public health nursing to the students at the General Hospital.

St. Boniface Hospital

Miss Pat Bresnan is doing Victorian Order work at present.

Mrs. H. Hobbs (M. Sharkey), of Dauphin, was a recent visitor to the city.

Much sympathy is extended by the Alumnae Association to Miss Rose Quinn in the loss of her father at Melita, Man., and to Miss G. Comartin in the loss of her mother at New Lowell, Ont.

At the March meeting the members had much pleasure in listening to a very interesting address on work among the blind in Western Canada given by Mrs. A. E. Richardson of the Canadian Institute for the Blind.

Misses K. Crawford, P. Lawson and Eva Lamb are doing private duty nursing in Los Angeles, Calif.

NEW BRUNSWICK

FREDERICTON

The Alumnae Association of the Victoria Public Hospital Training School for Nurses held its annual reunion dinner at The Palms, Fredericton, N.B., on February 16th, 1927, twenty-seven being present. The following officers were elected for the ensuing year: Honorary President, Miss V. I. Winslow; president, Miss Martha Anderson; vice-presidents, Miss Campbell, Mrs. H. S. Hatfield, Mrs. H. Everett; secretary-treasurer, Mrs. S. Donovon; historian, Mrs. Matthew Tennant.

Miss Margaret Fradsham, 1925, has accepted a position on the staff of the Tucson Sanatorium, Arizona, and left on February 10th to take up her duties.

ST. JOHN

The St. John Chapter of the New Brunswick Association of Registered Nurses held the February meeting at the St. John Infirmary on the 20th of the month, with a good attendance of members. After the business session a very interesting lecture was given by Miss McGuiggan on the Beaverbrook trip which she and several others enjoyed last summer. Her word descriptions of the various beauty spots in the British Isles, together with the lantern slides, made the trip very real to all. Miss Downing sang several appropriate songs. Delicious refreshments were served by the Infirmary staff at the close of a very delightful evening. A hearty vote of thanks was given to Sister Camillus for the delicious refreshments and to Miss McGuiggan and Miss Downing for the splendid programme.

The St. John Chapter of the New Brunswick Association of Registered Nurses entertained at a birthday party at the Nurses' Home of the General Public Hospital on the evening of January 27th. Small bags were sent to each member requesting them to be present and to bring as many cents as they were years old; also cake and sandwiches for one. Progressive bridge was played. The prizes were donated and were useful as well as beautiful. First prize was won by Miss Reta Wilson, second by Miss Ada Foley. The lucky number prize was won by Miss Ella McGaffigan. Refreshments were served at the close of the evening and a satisfactory sum was realized for the Chapter funds.

ONTARIO

BELLEVILLE

Miss F. Hanna and Miss R. Alford have returned after spending some time at the Kohler Hospital, N.Y., and are now doing private duty nursing.

The annual dance of the Alumnae Association, Belleville General Hospital, was held recently in Johnstone's Dancing Academy, when over one hundred couples were present. Miss Margaret Tait, Superintendent of the Belleville General Hospital, and other members of the Alumnae were hostesses. At midnight supper was served, after which dancing continued until about one o'clock.

BRANTFORD

The regular meeting of the Alumnae Association of the Brantford General Hospital was held on the evening of March 1st in the Nurses' Residence. After the routine business was disposed of Miss M. McKee, superintendent of nurses, Brantford General Hospital, gave an interesting account of nursing conditions in other cities, Group Nursing being the main topic discussed. Dr. D. A. Morrison gave an informative talk on Extra-Uterine Pregnancy. At the conclusion of the meeting refreshments were served.

HAMILTON

Miss Marguerite Hopper has been appointed school nurse in Pembroke County.

Miss Evelyn Hazelwood is an instructor at the Victoria Hospital, London, Ont.

Miss Annie P. Kerr, who has been seriously ill at her home, is convalescing.

Miss L. Hannah, who was operated on several weeks ago, has been very ill. Though still in the General Hospital she is improving slowly.

Miss C. L. Currah has returned to private duty work in Hamilton, after an absence of several years.

Miss Carrie Lanaway has accepted a position in the Albany Hospital, Albany, N.Y.

Mrs. E. P. Malcolmson is spending the winter in California.

Miss Elsie Hicks, who underwent an emergency operation while on a case at Niagara Falls, Ont., has quite recovered and is able to be on duty.

Miss Marion Harvey has returned to Hamilton, after spending over a year in Albany, N.Y.

LONDON

The annual meeting of District No. 1, R.N.A.O., was held in the Medical School Auditorium on February 22nd, with Miss Grace Fairley presiding. Representatives were present from Windsor, Sarnia, Petrolia, Strathroy, Chatham and St. Thomas. The morning was taken up with routine business, and a buffet luncheon was served in the Nurses' Residence, Victoria Hospital, with the Alumnae Association of St. Joseph's Hospital, Victoria Hospital and the Edith Cavell Association, London, as hostesses. At the afternoon session Col. Brown, executive secretary, University of Western Ontario, gave some salient points on parliamentary practice; Dr. Grant, lecturer on surgery, University of Western Ontario, spoke on the non-surgical drainage of the gall bladder; the different methods of draining empyema cases, and the use of the bronchoscope in washing out lung abscess; illustrated with slides. Miss Ermine Cumming, supervisor, Communicable Diseases Department, Victoria Hospital, described the Schick Test, and Miss Evelyn Hazelwood, theoretical instructor, Victoria Hospital, told of the value of intelligently kept bedside notes, giving examples—with the help of four assisting nurses—of the exchange of reports between day and night nurses. A discussion was held on ways and means to finance district meetings, and, for this

year, it was decided to levy each member fifty cents. Other discussions followed, on questions submitted by the members. A dinner session was held in the dining room of the Nurses' Residence, Victoria Hospital, where Miss Florence Emory, president, R.N.A.O., spoke on the longer lease of life for all through nursing agencies lending their personal interest. The meeting adjourned at 8.30 to allow visiting members to catch their trains. The officers for the ensuing year are: Chairman, Miss Grace Fairley, London; vice-chairman, Miss Armstrong, St. Thomas; secretary-treasurer, Miss Hilda Stuart, London; councillors, Mrs. Shanks, Sarnia; Miss Ritchie, Petrolia; Miss Mahoney, Windsor; Miss Campbell, Chatham; Miss Sands, Strathroy, Miss Killans, St Thomas.

NORTH BAY

The following are the officers of the Alumnae Association, Queen Victoria Memorial Hospital, for the ensuing year: Hon. President, Mrs. A. McMurphy; president, Miss Reedhead; vice-president, Mrs. Everest; secretary-treasurer, Miss N. E. Keays; corresponding secretary, Miss S. St. Pierre; social committee, Mrs. J. Ward, Mrs. Everest; membership committee, Miss L. Deacon. A meeting is held on the second Thursday of each month at 8 p.m.

Miss E. M. Rodgers, superintendent of the Queen Victoria Memorial Hospital, recently sustained a dislocated shoulder and considerable shock when she was run into from the back by a dog drawing a child on a sleigh. Miss Rodgers was thrown to the ground and narrowly escaped striking her head on some iron railings. Her many friends will be pleased to know that she has now sufficiently recovered to partially attend to her duties.

A few graduate nurses had the pleasure of entertaining the students of Q.V.M.H. to a sleigh ride, and a supper dance. Forty couples attended and a most enjoyable evening was spent by hostesses and guests.

PETERBORO

The annual meeting of the Nicholl's Hospital Alumnae Association was held in the Nurses' Residence on November 17th last, with a good attendance of members. A motion that the executive remain in office another year was carried. On behalf of the Alumnae Association the president formally presented a gift of china to the Nurses' Residence, which Miss Walsh accepted on behalf of Mrs. Leeson, superintendent, Nicholl's Hospital, who was unable to be present, and thanked the Association for their gift. A keen loss was sustained during the year in the death of Miss Kathleen Dawson, a much-loved member. A hearty vote of thanks was given to the superintendent and staff for their kind hospitality during the year. An old-time spelling match, arranged by Mrs. Pringle, convener of the social committee, was much enjoyed. Refreshments and a pleasant social hour followed.

The sympathy of the members is extended to Miss McCallum and Miss Stocker in their recent bereavement.

During the past year a commodious new wing has been added to the Nurses' Residence, Nicholl's Hospital, giving modern equipment in class rooms, and bright, comfortable living rooms.

ST. CATHARINES

The regular monthly meeting of the Alumnae Association, St. Catharines General Hospital, was held in the reception room of the Leonard Nurses' Residence. At the close of the business session Dr. W. J. MacDonald gave a very interesting talk with lantern slides on the history of the work on high blood pressure. Preparations and plans were discussed in regard to the nurses' convention which is to be held at St. Catharines in May.

Miss Anna Wright, of Toronto, has commenced her duties as superintendent of the St. Catharines General Hospital. Miss Marjory Young (Royal Victoria Hospital, Montreal, 1923) has accepted the position of supervisor of ward "B," and Miss Florence McArter (Mack Training School, 1926) that of supervisor of ward "C."

Miss E. Rawlings, Mack Training School, 1919, and Miss Edna Barber, Mack Training School, 1923, are spending the winter in Florida.

ST. THOMAS

The Alumnae Association, Amasa Wood Hospital Training School for Nurses, reports a very prosperous year. A rest room in the hospital has been furnished for the use of registered nurses. The proceeds of a very successful dance given in February, 1927, were donated to the fund for building a new nurses' home.

TORONTO

Grace Hospital

The Grace Hospital Alumnae Association entertained the graduating class at a dance held at the Parkdale Canoe Club on Monday evening, February 28th. About two hundred guests were received at the entrance to the ballroom by Mrs. Currie, honorary president of the Alumnae Association; Miss Rowan, superintendent of the hospital; Mrs. Wm. Inglis and Mrs. W. H. Harris. The excellent music provided by Bodley's Orchestra was very much enjoyed by all. After supper Dr. J. H. McConnell proposed the toast to the graduating class, which was responded to very aptly by Miss Jean Anderson.

The Alumnae Association of the

Toronto Western Hospital entertained the members of Grace Hospital Alumnae Association at a very delightful evening in the spacious drawing room of their new residence. The evening was spent in playing bridge and guessing contests. Miss Dowdell received the prize for the largest score. The guests then adjourned to the dining room where refreshments were served.

Miss Wiggins, president of the Toronto Western Hospital Alumnae Association, welcomed the guests of the evening, and Mrs. John Gray, president of the Grace Hospital Alumnae Association, expressed thanks for the hospitality so graciously extended. Mrs. Yorke, one of the first graduates of the Toronto Western Hospital, addressed the joint Alumnae, and Miss Devellin, one of the first graduates of Grace Hospital, responded.

Hospital for Sick Children

A very largely attended meeting of the Alumnae Association was held at the Nurses' Residence on Thursday, February the 10th, the President, Mrs. Langford, in the chair. The contents of the beautiful Hope Chest, by means of which the Alumnae are raising the funds for their annual scholarship, were on display, and after examining the exquisite towels, serviettes, blankets and other household linens, which were each the gift of a separate class of the H.S.C., it was decided by all that the winners of the lucky numbers would be very lucky indeed. The draws are to be held in May, Dr. and Mrs. D. E. Robertson having kindly consented to officiate. The Sick Children's nurses are taking a great interest, and the ticket selling, only twenty-five cents a draw, is going on briskly. From Montreal, Ottawa and the west have come enquiries and gifts, showing that the graduates have not forgotten their school. Miss Mary Milman gave a very interesting and instructive talk on the Registered Nurses Association, after which the president introduced Principal Maurice Hutton, of Toronto University, who gave a most charming and whimsical "Address to Nurses," which was much appreciated by the large audience. Principal Hutton has a delightful way of thinking and speaking, and the nurses enjoyed every moment of his talk, one reason being probably that it was so different from anything that they had ever listened to before on that particular subject. It is hoped that Principal Hutton will, some other year, find time to speak again to the members of the Alumnae. Refreshments brought a pleasant evening to a close.

The graduate nurses and the internes gave a most enjoyable dance to the senior class on March 1st.

Miss Olga Ulrichson, class 1924, who has been in charge of the Boys' Surgical Department, is leaving to take charge of Dr. Alan Brown's office. Miss Helen Howe, class 1926, is succeeding Miss Ulrichson.

Toronto General Hospital

A banquet, arranged by the alumnae in honour of the graduating class, took place in the Crystal Ball Room of the King Edward Hotel, Toronto, on the evening of March 2nd. Grouped around class tables more than three hundred members of the school, from the early 90's down to the present year, enjoyed the delightful reunion.

At the head table were several special guests of honour, including Miss Mary Agnes Snively, Miss Jean I. Gunn, Miss Helen G. R. Locke, and Miss Jean Yuill, also the president of the alumnae, Miss Kathleen Russell, and the members of the executive: Misses N. M. Dulmage, Dorothy Fortier, E. Manning, M. R. Cunningham, Alice Thompson, Clara Brown, Maude Coatsworth, Ethel Campbell, and Ethel Cryderman. Choruses were sung during dinner from a song sheet prepared by Misses Maude Coatsworth and Augusta Lang.

Miss Kathleen Russell as toast-mistress, extended a welcome to the graduating class and told of the aims and opportunities of the Alumnae Association. Tribute was paid by the gathering to Miss Snively and Miss Gunn, and Miss Jean Browne, in proposing a toast to the Alma Mater, spoke feelingly of their lasting contribution to the school, and discussed the international relationships and reputations which they have built up. In responding to the toast, Miss Snively, founder of the school, spoke of the importance of loving one's work and putting the best efforts possible into its accomplishment. Miss Gunn, who also responded, told a number of humorous incidents connected with training school days and spoke also of the value of maintaining proper professional standards and of the registration regulations for the graduate nurses. Miss Clara Vale, 1923, proposed the toast to the Graduating Class, who as guests of honour were seated at two long tables occupying the centre of the room, and Miss Alice B. Hunter replied wittily.

The toast to Our Profession was responded to by Misses E. McP. Dickson and H. E. Wallace, while the Absent Members were toasted affectionately by Misses Janet Neilson and Miss Annie Edgar.

Misses Ruth Young, Ella Addison and G. Howell, 1924, and Misses Adele Cameron and Ruth Carhart, 1926, have joined the staff of the Rockefeller Institute Hospital, New York.

Miss Adele Winter, 1918, who has been on the staff of the T.G.H. as nurse in charge of Ward A, and as assistant instructor and supervisor, has accepted the position of assistant superintendent at the

General Hospital, St. Catharines, Ont., and began her new duties there on March 1st. A very delightful party was given in her honour in the Residence on the eve of her departure from the hospital in which she has served so faithfully—ever since her graduation. A tangible expression of affection was an eiderdown, which carried with it the good wishes of all.

Miss Lorena Chute, 1921, has been appointed assistant instructor and supervisor at T.G.H. Miss Chute has done very efficient work as head nurse on Ward C, and is eminently fitted for her new post. Miss Margaret Service, 1927, has succeeded Miss Chute on Ward C.

Miss Edith Fry, 1920, has given up public health nursing work and is now engaged in private duty nursing.

Miss Edna Johnston, 1922, is engaged in the Welfare Department of the T. Eaton Company, Toronto.

Miss Velma Hayes, 1922, has returned to New York from abroad and is doing special duty work.

Miss Hilda Longworthy, 1922, of Regina, Sask., who is in charge of the Red Cross Outpost at Bengough, Sask., visited recently in Toronto and Montreal.

Mrs. Hennessy (Irene Forbes, 1923), has been appointed nurse in charge of ward "B," Toronto General Hospital.

OUEBEC

MONTREAL

Children's Memorial Hospital

A regular meeting of the Alumnae Association was held on February 7th at the Montreal Graduate Nurses' Club Rooms. The business meeting was followed by a welcome to the new officers. A very pleasing feature was an address by Miss Kinder, honorary president of the Alumnae Association.

The staff of the Children's Memorial Hospital entertained Miss Phyllis Monks, 1926, at a very pleasant tea party on February 3rd, prior to her marriage to Mr. Edward Rowell.

Miss W. Kirby, 1926, is spending a few months at Miami, Florida.

Royal Victoria Hospital

Miss Olive W. Graham, 1923, has left Edmonton and is now at Notre Dame Bay Memorial Hospital, Twillingate, Nfld.

Miss Gwendoline Nixon, 1925, is on the staff of the hospital of the Rockefeller Institute, New York City.

Miss Clarice Smith, 1926, is doing school hygiene work in Rosetown, Sask.

Western Hospital

Mrs. Herbert Caldwell (Eleanor Fowler), of Iroquois, Ont., accompanied by her small daughter, has been visiting her parents in Victoria, B.C., since the early part of January.

Mrs. Frank Murphy (Anna Scullion), of Atlantic, Me., has been a patient for some weeks at the Western Division of the Montreal General Hospital and is now convalescing here at the home of her parents.

Miss Tilly N. Finnegan is recovering from an operation for appendicitis at the Western Division of the Montreal General Hospital.

Miss May Reynolds has returned from New York City, where she was engaged in private duty nursing, to take up the same work in Montreal.

The Misses Ada and Hannah Chisholm sailed recently on a pleasure trip to Bermuda. Miss Ada Chisholm will return in a month's time but Miss Hannah Chisholm will spend a longer time there.

Miss Jean McCormick and Miss Margaret Soier have joined the V.O.N. in Montreal.

Miss Hildred O'Reilly has been spending the winter at her home in Newfoundland.

Miss Madge Carpenter is doing private duty nursing at her home in Cornwall, Ont.

Miss Claire Wiggett, of Sherbrooke, recently spent several days in Montreal.

QUEBEC

Miss Mary Shaw, for the past twenty years superintendent of the Jeffery Hale's Hospital, resigned her position in December last to be married. Miss Shaw's departure caused universal regret, not only to the personnel of the hospital and to the former graduates who looked up to her as a counsellor and friend, but to all who had the privilege of contact with her in her capacity of superintendent of the hospital. On the occasion of her marriage the Alumnae Association presented her with a handsome tea service and tray of Sheffield plate, and the student nurses with a coffee tray of the same pattern.

Miss Eva Armour has succeeded Miss Shaw as Lady Superintendent.

Miss Dobbie, Montreal General Hospital, is now on the staff of graduate nurses, Jeffery Hale's Hospital. Miss Dobbie has been made an honorary member of the Alumnae Association.

Miss Daisy Jackson, 1920, has been appointed technician in the X-Ray department of the Jeffery Hale's Hospital.

Miss Partington, 1925, is now with the Brown Corporation in Kenogami, P.Q.

Miss Lemesurier, 1926, has accepted a position at the Alexandra Hospital, Montreal.

The members of the association are pleased to learn of Miss Bain's improvement in health. Miss Bain is now a patient in the Douglas wing of the Jeffery Hale's Hospital.

SASKATCHEWAN

SASKATOON

The Saskatoon Graduate Nurses' Association held a very successful dance at the Art Academy on February 17th, the proceeds of which went to the general fund to be used for charitable purposes.

On February 14th Mrs. N. K. Thompson entertained the members of the City Hospital Alumnae Association at a social evening of bridge, the honours going to Miss S. A. Campbell and Mrs. G. G. Calder. Refreshments were served and all spent a very enjoyable evening.

A very interesting meeting of the City Hospital Alumnae Association was held on Monday evening, January 10th, at the Nurses' Home. The programme was in charge of the educational committee, who were fortunate in securing Dr. Walker as the speaker of the evening. His lecture on Insulin was intensely interesting. Following this was an exhibition of trays prepared for the diabetic patient and demonstrated by Miss Connors, instructor of nurses at the City Hospital. Refreshments were served, followed by a musical programme by local artists and a comic sketch by the student nurses.

On February 15th St. Paul's Hospital Alumnae Association held a joint shower at the home of Miss Kathleen McKenzie in honour of Mrs. Charles Haid (Aileen Flanagan, 1925), and Mrs. Ray Peterson (Dora Paul, 1926). Many lovely gifts were received by the brides, and afterwards a delightful lunch was served. On February 19th the Alumnae Association held a jolly sleigh ride, to which they invited their friends. Lunch was served afterwards in the Rossmore Cafe.

Miss Marv Finlayson, St. Paul's Hospital, 1925, is receiving treatment in the Saskatoon Sanatorium.

The many friends of Miss Helen Cameron, Saskatoon City Hospital, are glad to learn that she is steadily regaining her health. Miss Cameron is still receiving treatment at the City Hospital, where she has been a patient for the past six weeks.

C.A.M.N.S. Notes

TORONTO

The Toronto Overseas Nurses' Club held a most successful and entertaining dinner at Cole's restaurant on Saturday evening, February the 26th, at seven o'clock. This dinner, which is now a yearly event, is looked forward to with great interest and enthusiasm by the many nursing sisters who live in Toronto, for it is the one great evening in the year to meet old friends and to live over again the days in France, now a long way off, but still never to be forgotten.

This year, instead of the long tables, the committee arranged for small ones, seating six and eight, a most successful arrangement, as it allowed for each group of friends or unit to sit together, and jolly tablefuls from No. 1 Canadian General, No. 4 Canadian General, No. 7 General, No. 8 Stationary, Orpington, and many other overseas hospitals sprung into being all over the floor. Song sheets were on each table, and the clever and amusing parodies (the work of Mrs. Hewitt, N/S Dow) were sung with much laughter and enthusiasm, especially the one which commenced:

My bank account's over the ocean,
My savings lie over the sea;
T'was liberty gave me the notion
Of spending my shillings so free.

There was a depth and a feeling that the sisters put into the chorus "Oh Bring Back That Gratuity" which must have been noticeable to even the most unmusical listener. A splendid orchestra and piano led the singing, and Miss H. T. Meiklejohn, the very excellent toastmistress, saw that the time was kept, in true army style.

It was a very great pleasure for the nursing sisters to entertain as their guests of honour, the Toronto members of the National Memorial Committee: Miss Jean Gunn, of the Toronto General Hospital and convener of the committee; Miss Mathieson, of the Isolation Hospital; Miss Jean Browne, of the Red Cross; Miss Dickson, of the Weston Sanatorium; Matron Hartley, of Christie St. Hospital; and Miss Russell, of the University of Toronto and secretary of the committee. A great debt of gratitude is due to the members of this committee for their untiring work in connection with the beautiful Memorial in the Hall of Fame, Ottawa. No one who has seen it can but be grateful to those who gave so willingly of their time and enthusiasm toward its erection. Seated at the head table were the guests of honour: the president, Mrs. D. E. Robertson (N/S Pauline Ivey); the toastmistress, Miss H. T. Meiklejohn, of the Women's College Hospital; Miss Rayside, of the Hamilton General Hospital; Miss Smellie, of the Victorian Order, Ottawa; Mrs. Nesbit (N/S Constance Bruce, India); Miss Edith Campbell, the Victorian Order, Toronto; Miss Laura Holland, Miss McMahon and Miss McCallum. The first toast "The King" was given by

the president, and, led by the orchestra the assemblage sang a verse of the National Anthem. The toastmistress then called for a silent toast to the absent and the sisters rose and stood with bent heads for two minutes while memories of those who had gone filled their minds. Miss Edith Campbell, in a few very appropriate remarks, proposed the toast "Our guests of honour," which was responded to by Miss Gunn. In an amusing and delightful speech, Miss Gunn gave an account of the trials and tribulations of the nurses at home during the early days of the war, who, without the stimulation of the overseas atmosphere, worked for long hours without complaint.

"We too had our worries," said Miss Gunn, "we learned to knit," and her description of the momentous moment, when her carefully knitted pair of wristlets were found unfortunately to have more than three inches difference in their respective circumferences, were much appreciated by the sisters. Miss Gunn closed her speech by the reading of a poem, with a fitting and beautiful reference to those nurses who had served overseas, and sat down amidst most appreciative applause. Mrs. Ronaldson (N/S Winnifred Hammil) then proposed the toast to Sister Organizations—speaking of the need of a link between the various clubs throughout Canada, and of the great bond of fellowship between all overseas sisters, wherever they were to be found. This was responded to by Miss Smellie, of Ottawa, who gave a delightful account of her visit throughout the Dominion; starting with the east, she spoke of Halifax and the overseas dinner there, then of a never to be forgotten day with Matron-in-Chief Macdonald, at her home in Bailey's Brook, where, as she said, they just talked of every one that they had known overseas; then through to Winnipeg, Edmonton and Victoria, in each of which cities the sisters welcomed her, and happy gatherings were the result. Miss Smellie brought back with her many messages from the old friends in the west and the touches of local colour were much appreciated by all present. The toastmistress then introduced Miss Laura Holland, who, in a charming and enthusiastic way, proposed the toast to the dearly loved Honorary President of the Club, Matron-in-Chief Macdonald, to which the Club rose and sang "For She is a Jolly Good Fellow." The fact of their being almost a bar ahead of the orchestra was due entirely to their boundless enthusiasm and their desire to voice it; would that Matron-in-Chief could have heard them. She perhaps would have realized what a very dear and honored place she holds in the heart of each and every one who served under her during the Great War.

Bridge and conversation, a great deal of the latter, were then the order of the evening, and many compliments were paid to the Dinner Committee: Miss Hamilton, Miss Pat Tucket, Miss McIlwraith, Mrs. Hewitt, and their helpers, for the very excellent arrangements which had been made. Among so many (there were about one hundred and twenty) it is difficult to remember everyone, but among those present were: Mrs. Frost, British Columbia (N/S Craddock); Mrs. Nesbitt (N/S Bruce) who, with her small son, is on her way to Australia; Miss Carr-Harris, Kingston; Miss Hindley, Guelph; Miss Helen Smith, Oakville; Miss Sisman, Aurora; Miss McMahon, St. Catharines; Miss Hall, Ottawa; Mrs. Bricker (N/S Milroy), Mrs. Hart (N/S Creighton), Mrs. A. Scott (N/S Clarke), Mrs. J. Bell (N/S King), Mrs. Duncan (N/S Weldon), Mrs. Corrigan, Mrs. Ross Jamieson, Mrs. Gilbert Royce, Mrs. Robson, Miss Wilkinson, Miss Rogers, Miss Austin, Miss Robertson, Mrs. Bartholomew (N/S Gibbons), Miss Drysdale, Mrs. Brown (N/S Elliot), Miss E. deV. Clarke, Miss Darling, Miss Johnston, Miss Galbraith, Mrs. Fry, Miss Pritchard, Mrs. Henson (N/S Merriman), Mrs. Simpson (N/S Hogarth), Miss Jaffray, Miss Monk, Miss Robinson, Mrs. Cunningham (N/S Harris), and a great number of others. Miss Cameron Smith, who was unable to be present, telegraphed her regrets from Powasson, in Northern Ontario.

The dinner for 1927 is over, may the 1928 one be as successful.

VANCOUVER

At the annual meeting of the Military Nursing Sisters' Club, held in January, the following officers were elected for the ensuing year: President, Miss Betty Cameron; vice-president, Miss B. McNair; secretary, Miss H. Jukes; executive, Miss L. J. Brand, Miss M. Quigley, Miss M. Margetson. Convener, social committee, Miss M. Margetson; convener, sick visiting committee, Mrs. J. Wall; convener, press committee, Miss B. Swan. Arrangements were made for a bridge party, which was held at the Women's Building, on Saturday, February 19th, at 8 o'clock.

WINNIPEG

The Nursing Sisters' Club of Winnipeg held a Bridge on February 4th at the Nurses' Residence, Wolseley Avenue, kindly lent for the occasion. The object was to raise funds for the incoming year of office. The guests were received by Mrs. J. F. Morrison and Miss O. Garland, convener of the social committee. Refreshments were served after the games and a very enjoyable evening was spent by all. In spite of other public attractions and much sickness in the community there was a fair attendance.

BIRTHS

BARWICK—In February, at the Royal Victoria, Montreal Maternity Hospital, to Mr. and Mrs. Angus Barwick (Stella Winnall, Western Hospital), a daughter.

COOTE—On February 22nd, at Evanston, Ill., to Dr. and Mrs. Frank T. Coote (Vivian Freize, Royal Victoria Hospital, Montreal), a daughter.

DEVINNEY—In January, 1927, at New Westminster, to Mr. and Mrs. Devinney (Emma Steeves, Royal Victoria Hospital, Montreal), a daughter (Margaret Kathleen)

DIXON—On February 14th, 1927, at Toronto, to Mr. and Mrs. E. Dixon (Mina Craig, Riverdale Hospital, Toronto, 1922), a daughter (Dorothy Elaine).

ERICKSON—On March 4th, 1927, at Toronto, to Mr. and Mrs. Carl Erickson (Belle G. Taylor, Grace Hospital, 1922), of Mathieson, Ontario, a son (Carl Taylor).

GILLIES—On February 10th, 1927, to Mr and Mrs. Clarence Gillies (Hilda Smith Victoria Public Hospital, Fredericton N.B., 1924), a daughter (Audrey Aileen)

HALE—On February 15th, 1927, at Edmonton, Alberta, to Mr. and Mrs. W. R. Hale (Elizabeth Pansy Switzer, Grace Hospital. Toronto, 1919), a son (Thomas Walter).

HUGHES—On December 9th, 1926, at the Royal Victoria Hospital, Montreal, to Mr. and Mrs. T. B. Hughes (nee Muriel A. Martin, T.G.H., 1921), a son (died at birth).

McKAGUE—On January 30th, 1927, to Mr and Mrs. P. L. McKague (Janetta Garden St. Paul's Hospital, Saskatoon, 1919), of Saskatoon, a daughter.

PATTERSON—On November 30th, 1926, to Professor and Mrs. C. E. Patterson (Laura Fraser, Saskatoon City Hospital, 1919), of Saskatoon, a son.

MARRIAGES

ADRIAN—READY—On December 28th, 1926, Helen Ready (Saskatoon City Hospital, 1926), to William Adrian, of Saskatoon.

BARNES—DAVIES—On Decemb er 1st 1926, Elinore M. Davies (Hamilton Genera Hospital, 1926), to Arthur Barnes, of Sandwich, Ont.

GILDING—PEEL—On November 23rd, 1926, Jean Peel (Saskatoon City Hospital, 1926), to Harold Gilding, of Saskatoon.

GRIFFIN—GRADY—In February, 1927, at Saskatoon, Mildred Grady (Saskatoon City Hospital, 1926), to William Griffin, of Saskatoon.

MELLING — MACRAE — In November, 1926, in Montreal, Mabel MacRae (Jeffery Hale's Hospital, Quebec, 1921), to Robert Melling.

NEWMAN—CALVERT—On January 29th, 1927, at St. Catharines, Vera Calvert (Mack Training School), to Frank Newman. At home 28 Chestnut Street, St. Catharines.

PETERSON—PAUL—On December 22nd, 1926, at Saskatoon, Dora May Paul (St. Paul's Hospital, Saskatoon, 1926), to Ray Peterson, of Saskatoon.

ROWELL—MONKS—On February 5th, 1927, Phyllis Monks (Children's Memorial Hospital, Montreal, 1926), to Edward Rowell. Mr. and Mrs. Rowell will reside in Montreal.

STEVENSON—BRIDGE—On January 15th, 1927, in New York City, Eleanor Gertrude Bridge (Grace Hospital, Toronto, 1924), to Christopher William Stevenson. Mr. and Mrs. Stevenson will reside at Bridgeport, Conn.

SWORD — ROSS — In August, 1926, at Orillia, Ont., Adelaide Ross (Hospital for Sick Children, Toronto, 1924), to Harold A. Sword, of Toronto.

TAYLOR—INGRAHAM—On March 1st, 1927, at Montreal, Louise Ingraham, (Royal Victoria Hospital, Montreal), daughter of Lt.-Col. and Mrs. Ingraham, Sydney, Cape Breton, to Mr. Ray Taylor, of Montreal.

TRITES—WEIR—In February, 1926, at Vancouver, Doris Weir (Royal Victoria Hospital, Montreal), to Dr. Albert E. Trites. Dr. and Mrs. Trites will reside at Cassidy, B.C.

WHITELAW—BAILEY—On February 9th, 1927, Olive Bailey (Guelph General Hospital), to Dr. J. H. Whitelaw. At home, Edmonton, Alberta.

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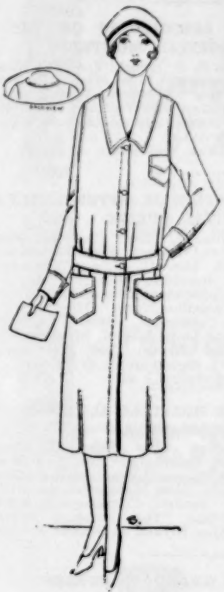

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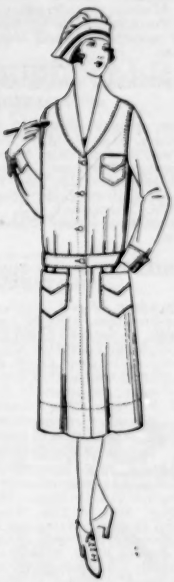

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